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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3X F	or Other Than	An Authorized	Committee		Office Us	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing, ty	pe 12FE		
CONSERVATIVE MAJ	ORITY FUND)				
ADDRESS (number and street) Check if different than previously reported. (ACC)	ATTN: SCOTT B ARLINGTON	ON MILL DR #806 MACKENZIE		VA	22206	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		STATE	L	ZIP CODE A
C C00524454		3. IS THIS REPORT	× NEW (N)	or	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-E Report (d) 30-Day POST-	lection for the:	Jun 20 Jul 20 Primary (12P) Convention (12C) M M M / D M General (30G)	(M7) Ge	noff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period 07		2015	through	12 31		
I certify that I have examined th Type or Print Name of Treasure		-	wledge and belief	it is true, corre	ct and complet	e.
Signature of Treasurer	TT B MACKENZIE		[Electronically Filed		M M / D 20	2016
NOTE: Submission of false, errone Office	eous, or incomplete	information may su	bject the person si	gning this Repo		
Use						FORM 3X lev. 12/2004

Г	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
	Write or Type Committee Name		
(CONSERVATIVE MAJORITY FUI	ND	
F	Report Covering the Period: From:	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	12 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		40199.70
	(b) Cash on Hand at Beginning of Reporting Period	50510.77	
	(c) Total Receipts (from Line 19)	130336.26	295396.25
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	180847.03	335595.95
7.	Total Disbursements (from Line 31)	172030.35	326779.27
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8816.68	8816.68
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	800.00	
	This committee has qualified as a multic	andidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	27482.00	44567.00
(ii) Unitemized	94694.23	233695.69
(iii) TOTAL (add	400470.00	270262.60
Lines 11(a)(i) and (ii)▶	122176.23	278262.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	122176.23	278262.69
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
All Loans Received	0.00	800.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		, , , , , , , , , , , , , , , , , , , ,
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	9460.03	16333.56
Transfers from Non-Federal and Levin Funds	8160.03	10333.30
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(IIIIII CONGOGIO TIO)		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii Fulius (IIOIII Schedule 115)		5.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	130336.26	295396.25
Total Federal Receipts		
. Total I edelal Hedelpts		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Jananian Tour to Butto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	143875.74	298184.66
(c) Total Operating Expenditures	110070.11	250104.00
(add 21(a)(i), (a)(ii), and (b))▶	143875.74	298184.66
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	61.79	141.79
Independent Expenditures	16087.82	16087.82
(use Schedule E) Coordinated Party Expenditures	10007.02	10007.02
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(acc corrodate 1)		0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	405.00	765.00
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	405.00	765.00
Other Disbursements	11600.00	11600.00
Fodoral Floation Activity (2.11.5.C. \$421/20))		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
()		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	172030.35	326779.27
2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	200.00	320119.21
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	172030.35	326779.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	122176.23	278262.69
4. Total Contribution Refunds (from Line 28(d))	405.00	765.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	121771.23	277497.69
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	143875.74	298184.66
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	143875.74	298184.66

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	6	OF	192
(check only one)									
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND					
Full Name (Last, First, Middle Initial) MS SALLY ALBRIGHT 336 Mailing Address 12408 RUSTIC VIEW CT		Date of Receipt				
City	State Zip Code	12 22 2015 Transaction ID : SA11AI.10807				
ТАМРА	FL 33635	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer NONE	Occupation RETIRED					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) MS ROSE BABCOCK 875 Mailing Address 7 CANADA DEL RANCHO		Date of Receipt				
City	State Zip Code	10 29 2015 Transaction ID : SA11AI.10909				
SANTA FE	NM 87508	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer NONE	Occupation RETIRED					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) DR DONALD BASS 302		Date of Receipt				
Mailing Address 240 JACKSON ST		10 29 2015				
City NEWNAN	State Zip Code GA 30263	Transaction ID : SA11AI.10966 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer	Occupation					
COWITA MEDICAL CENTER	RETIRED					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)	400.00					
SUBTOTAL of Receipts This Page (optional)		400.00				
TOTAL This Period (last page this line number	only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) A. MR FRED BEASLEY 770		Date of Receipt
Mailing Address 4741 WORLD HOUSTON STE 150	PKWY	08 25 2015
City	State Zip Code	Transaction ID : SA11AI.10983
HOUSTON	TX 77032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
INTEGRA LOGISTICS SERVICES LLC	CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggregate real-to-Date ₹	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) MR FRED BEASLEY 770		Date of Receipt
Mailing Address 4741 WORLD HOUSTON I	PKWY	M = M / D = D / Y = Y = Y
STE 150	Chata Zia Cada	11 18 2015
City	State Zip Code TX 77032	Transaction ID : SA11AI.10984
HOUSTON	TX 77032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	1
INTEGRA LOGISTICS SERVICES LLC	CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	850.00	
Full Name (Last, First, Middle Initial) C. MR ALFRED L BELLOTTO 338		Date of Receipt
Mailing Address 2200 FAIRMOUNT AVE		08 27 2015
City	State Zip Code	Transaction ID : SA11AI.11016
LAKELAND	FL 33803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer	Occupation	1
NONE	RETIRED	
Receipt For:		1
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)		425.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND	
Full Name (Last, First, Middle Initial) MR ALFRED L BELLOTTO 338 Mailing Address 2200 FAIRMOUNT AVE		Date of Receipt
City	State Zip Code	11 27 2015 Transaction ID : SA11AI.11017
LAKELAND FEC ID number of contributing federal political committee.	FL 33803	Amount of Each Receipt this Period 75.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MS GENEVIEVE BISHOP 662 Mailing Address 10230 EDELWEISS CIR		Date of Receipt 1.1 06 2015
City MERRIAM	State Zip Code KS 66203	Transaction ID : SA11AI.11082 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	
Full Name (Last, First, Middle Initial) . MS GENEVIEVE BISHOP 662		Date of Receipt
Mailing Address 10230 EDELWEISS CIR		11 19 2015
City MERRIAM	State Zip Code KS 66203	Transaction ID : SA11AI.11081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
SUBTOTAL of Receipts This Page (optional)		175.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for con	nmercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	OF COMMITTEE (In Full) NSERVATIVE MAJORITY FU	JND	
A. MR (ame (Last, First, Middle Initial) CHARLES BLEAKLEY 660 g Address 1074 W SANTA FE ST	State Zip Code KS 66061	Date of Receipt M M / 09 / 2015 Transaction ID : SA11AI.11100 Amount of Each Receipt this Period
federal Name BLEAk Receip	Primary General Other (specify) ▼	Occupation DEVELOPER Aggregate Year-to-Date ▼ 240.00	120.00
MS N Mailing City VERN FEC II federal Name NONE Receip	Ame (Last, First, Middle Initial) MAUREEN E BOONE 060 Address 131 VERNON AVE ON ROCKVILLE Onumber of contributing I political committee. of Employer ot For: Primary General Other (specify)	State Zip Code CT 06066 C Occupation HOMEMAKER Aggregate Year-to-Date ▼ 225.00	Date of Receipt 07 16 2015 Transaction ID: SA11AI.11141 Amount of Each Receipt this Period 75.00
C. MS Mailing City VERN FEC II federal Name NONE Receip		State Zip Code CT 06066 C Occupation HOMEMAKER Aggregate Year-to-Date ▼	Date of Receipt 10 16 2015 Transaction ID: SA11AI.11140 Amount of Each Receipt this Period 75.00
SUBTOT	TAL of Receipts This Page (optional)	>	270.00
TOTAL 7	This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND	
Full Name (Last, First, Middle Initial) MR WILLIAM BREITFELDER 452 Mailing Address 7429 DOG TROT RD		Date of Receipt
Mailing Address 7429 DOG TROT RD		07 10 2015
City	State Zip Code	Transaction ID : SA11AI.11205
CINCINNATI	OH 45248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	!
NONE	RETIRED	l
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) MR WILLIAM BREITFELDER 452 Mailing Address 7429 DOG TROT RD		Date of Receipt
City	State 7in Code	10 12 2015
City CINCINNATI	State Zip Code OH 45248	Transaction ID : SA11AI.11206 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	150.00
Name of Employer	Occupation	l
NONE	RETIRED	l
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) . MR JAMES J BRENNAN 604		Date of Receipt
Mailing Address 7717 CENTRAL AVE		07 07 2015
City	State Zip Code	Transaction ID : SA11AI.11207
BURBANK	IL 60459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	l
BANKFINANCIAL CORP	RETIRED	l
Receipt For:	Aggregate Year-to-Date ▼	l
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)		425.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY		
Full Name (Last, First, Middle Initial) MR JAMES J BRENNAN 604 Mailing Address 7717 CENTRAL AVE		Date of Receipt
City	State Zip Code	10 13 2015 Transaction ID : SA11AI.11208
BURBANK FEC ID number of contributing federal political committee.	IL 60459	Amount of Each Receipt this Period 125.00
Name of Employer BANKFINANCIAL CORP Receipt For: Primary General	Occupation RETIRED Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) MR DAVID L BRICK 902 Mailing Address 1710 HUNTSMAN CT		Date of Receipt 09 30 2015
City RANCHO PALOS VERDE	State Zip Code CA 90275	Transaction ID : SA11AI.11215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MR DOUG BRONSON 338		Date of Receipt
Mailing Address 5300 S FLORIDA AVE STE 3 City LAKELAND	State Zip Code FL 33813	10 30 2015 Transaction ID : SA11AI.11237 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation CPA Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		275.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY		
Full Name (Last, First, Middle Initial) MRS ELIZABETH BRYDEN 100		Date of Receipt
Mailing Address 1 W 67TH ST APT 611		11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEW YORK	State Zip Code NY 10023	Transaction ID : SA11AI.11271
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer NONE Receipt For:	Occupation RETIRED Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	205.00	
Full Name (Last, First, Middle Initial) 3. MR BOBBY G BURNS 236		Date of Receipt
Mailing Address 20 FINDLEY ST City	07 15 2015	
HAMPTON	State Zip Code VA 23666	Transaction ID : SA11AI.11313 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) . MR BOBBY G BURNS 236		Date of Receipt
Mailing Address 20 FINDLEY ST		10 15 2015
City HAMPTON	State Zip Code VA 23666	Transaction ID : SA11AI.11312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional).		405.00
TOTAL This Period (last page this line number	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND	
Full Name (Last, First, Middle Initial) MR GARY T CARLSON 584 Mailing Address 506 8TH ST SW		Date of Receipt
Mailing Address 506 8TH ST SW		08 26 2015
City JAMESTOWN	State Zip Code ND 58401	Transaction ID : SA11AI.11372
FEC ID number of contributing federal political committee.	C 30401	Amount of Each Receipt this Period 125.00
Name of Employer NONE Receipt For:	Occupation RETIRED	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) MR GARY T CARLSON 584		Date of Receipt
Mailing Address 506 8TH ST SW		11 03 Y Y Y Y Y Y
City JAMESTOWN	State Zip Code ND 58401	Transaction ID : SA11AI.11373 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. MR CAREY F CARLTON 338		Date of Receipt
Mailing Address PO BOX 1986		10 21 _ 2015 _
City SEBRING	State Zip Code FL 33871	Transaction ID : SA11AI.11377 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	
SELF EMPLOYED	CATTLE RANCHER	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	•	450.00
TOTAL This Period (last page this line number	· only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY		
Full Name (Last, First, Middle Initial) MR JAMES G CARTER 253 Mailing Address 5107 HOPEWELL DR		Date of Receipt
City	State Zip Code	07 28 2015 Transaction ID : SA11AI.11387
CROSS LANES FEC ID number of contributing federal political committee.	WV 25313	Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
NONE Receipt For: Primary General Other (specify) ▼	RETIRED Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MR JAMES G CARTER 253 Mailing Address 5107 HOPEWELL DR	Date of Receipt 10 28 2015	
City CROSS LANES	State Zip Code WV 25313	Transaction ID : SA11AI.11386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MR JAMES G CARTER 253		Date of Receipt
Mailing Address 5107 HOPEWELL DR		11 09 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City CROSS LANES	State Zip Code WV 25313	Transaction ID : SA11AI.11388 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	-100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	100.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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		13		14		15	16		17

or for commercial purposes, other than usi	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORI	TY FUND	
Full Name (Last, First, Middle Initial) MR EDWARD P CLARKE 068 Mailing Address 50 LEDGE RD		Date of Receipt
APARTMENT 127 City	State Zip Code	12 01 2015 Transaction ID : SA11Al.11490
DARIEN	CT 06820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) MRS BARBARA A CLIFFORD	799	Date of Receipt
Mailing Address 9213 WH BURGES DR		M = M / D = D / Y = Y = Y
City	State Zip Code	07 23 2015
EL PASO	TX 79925	Transaction ID : SA11AI.11506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MRS BARBARA A CLIFFORI	D 799	Date of Receipt
Mailing Address 9213 WH BURGES DR		10 23 2015
City EL PASO	State Zip Code TX 79925	Transaction ID : SA11AI.11505 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (option	nal)	500.00
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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND	
Full Name (Last, First, Middle Initial) MR KENNETH L COONEY 891 Mailing Address 10593 PREMIA PL		Date of Receipt
Mailing Address 10593 PREMIA PL		10 21 2015
City	State Zip Code	Transaction ID : SA11AI.11602
LAS VEGAS	NV 89135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) MS VIRGINIA CROSSLAND 648 Mailing Address 3131 KELLEY DR		Date of Receipt
Mailing Address 3131 KELLEY DR		10 07 2015
City	State Zip Code	Transaction ID : SA11AI.11669
JOPLIN	MO 64804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) . MR JOHN E CROWDER 370		Date of Receipt
Mailing Address 4683 CAIRO BEND RD		10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LEBANON	State Zip Code TN 37087	Transaction ID : SA11AI.11677 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)		615.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY		
Full Name (Last, First, Middle Initial) MS MARY D CUMMINS 625 Mailing Address 6 3RD DR		Date of Receipt
City	State Zip Code	08 18 2015
DECATUR	IL 62521	Transaction ID : SA11AI.11695 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MS MARY D CUMMINS 625 Mailing Address 6 3RD DR		Date of Receipt
City DECATUR	State Zip Code IL 62521	11 18 2015 Transaction ID : SA11AI.11696 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) . MR THOMAS CURRENS 405		Date of Receipt
Mailing Address 1508 CANTRILL DR		09 24 _ 2015 _
City LEXINGTON	State Zip Code KY 40505	Transaction ID : SA11AI.11701 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)		275.00
TOTAL This Period (last page this line numbe	r only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) MS JANIS A DAVIS 325 Mailing Address 5084 MANDAVILLA BLVD		Date of Receipt
0.1		09 01 2015
City	State Zip Code FL 32563	Transaction ID : SA11AI.11746
GULF BREEZE	1 L 32303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer	Occupation	
SELF EMPLOYED	INTERIOR DESIGNER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) MRS LOUISE G DAVIS 780 Mailing Address PO BOX 537		Date of Receipt
Maining Address PO BOX 53/		07 29 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.11757
COTULLA	TX 78014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer	Occupation	
CHEYENNE TRADERS INC	DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) . MRS LOUISE G DAVIS 780		Date of Receipt
Mailing Address PO BOX 537		10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COTULLA	State Zip Code TX 78014	Transaction ID : SA11AI.11756 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	175.00
Name of Employer	Occupation	
CHEYENNE TRADERS INC	DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (optional)		425.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY		
Full Name (Last, First, Middle Initial) MRS MARIE T DAY 837 Mailing Address 3603 HILLCREST DR		Date of Receipt
		08 07 2015
City BOISE	State Zip Code ID 83705	Transaction ID : SA11AI.11771
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. MRS MARIE T DAY 837		Date of Receipt
Mailing Address 3603 HILLCREST DR		11 03 2015
City	State Zip Code	Transaction ID : SA11AI.11770
BOISE	ID 83705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) . MRS MARIE T DAY 837		Date of Receipt
Mailing Address 3603 HILLCREST DR		11 25 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.11769
BOISE	ID 83705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	-100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line number	<u> </u>	

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or for commercial purposes, other than usin	and Statements may not be sold or used by any pering the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORIT	Y FUND	
Full Name (Last, First, Middle Initial) A. MS BRENDA DEAN 640		Date of Receipt
Mailing Address 911 S PRAIRIE LN		09 08 2015
City	State Zip Code	Transaction ID : SA11AI.11777
RAYMORE	MO 64083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	†
NONE	HOMEMAKER	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) MR N STUART DICKSON 809		Date of Receipt
Mailing Address 1735 OSAGE WAY		08 26 _2015 _
City	State Zip Code	Transaction ID : SA11AI.11831
COLORADO SPRINGS	CO 80915	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	40.00
Name of Employer	Occupation	7
DISABLED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	230.00	
Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) . MR N STUART DICKSON 809	9	Date of Receipt
Mailing Address 1735 OSAGE WAY		10 19 2015
City	State Zip Code	Transaction ID : SA11AI.11829
COLORADO SPRINGS	CO 80915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
DISABLED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	280.00	
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (options	al)	240.00
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TOTAL This Period (last page this line nur	mber only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) MR N STUART DICKSON 809 Mailing Address 1735 OSAGE WAY		Date of Receipt
City COLORADO SPRINGS FEC ID number of contributing federal political committee.	State Zip Code CO 80915	Transaction ID : SA11AI.11830 Amount of Each Receipt this Period 30.00
Name of Employer DISABLED Receipt For: Primary General Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 310.00	
Full Name (Last, First, Middle Initial) MR NEAL J DOW 977 Mailing Address 28000 SE PAULINA HWY		Date of Receipt 07 28 2015
City PRINEVILLE FEC ID number of contributing federal political committee.	State Zip Code OR 97754	Transaction ID : SA11AI.11865 Amount of Each Receipt this Period 250.00
Name of Employer NONE Receipt For: Primary General Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) MRS LISE L DRAKE 590 Mailing Address 30 GRIZZLY MDW RD City EMIGRANT	State Zip Code MT 59027	Date of Receipt 08 05 2015 Transaction ID : SA11AI.11868
FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General Other (specify)	Occupation RETIRED Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 75.00
SUBTOTAL of Receipts This Page (optional).		355.00
TOTAL This Period (last page this line number	er only)	

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	statements may not be sold or used by any personal particle and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND	
Full Name (Last, First, Middle Initial) MS AMELIA DURAN 782 Mailing Address 13644 PARSAN RR		Date of Receipt
Mailing Address 13614 BARSAN RD		12 17 7 2015
City SAN ANTONIO	State Zip Code TX 78249	Transaction ID : SA11AI.11900
FEC ID number of contributing federal political committee.	C 76249	Amount of Each Receipt this Period
Name of Employer LA PRENSA NEWSPAPER	Occupation EDITOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. MR ROBERT FERGUSON 075		Date of Receipt
Mailing Address 19 MOUNTAINVIEW DR		07 16 2015
City HALEDON	State Zip Code NJ 07508	Transaction ID : SA11AI.12044 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer FASHION INSTITUTE OF TECHNOLOGY	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) C. MR ROBERT FERGUSON 075		Date of Receipt
Mailing Address 19 MOUNTAINVIEW DR		10 16 2015
City HALEDON	State Zip Code NJ 07508	Transaction ID : SA11AI.12045 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
FASHION INSTITUTE OF TECHNOLOGY	RETIRED	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	600.00	
SUBTOTAL of Receipts This Page (optional)		400.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY		
Full Name (Last, First, Middle Initial) MR RAYMOND N FINK 488 Mailing Address PO BOX 134		Date of Receipt
City	State Zip Code	08 24 2015 Transaction ID : SA11AI.12066
WILLIAMSTON	MI 48895	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) MR RAYMOND N FINK 488 Mailing Address PO BOX 134		Date of Receipt
City WILLIAMSTON	State Zip Code MI 48895	11 12 2015 Transaction ID : SA11AI.12067 Amount of Each Propert this Period
FEC ID number of contributing federal political committee.	C 48895	Amount of Each Receipt this Period 50.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) . MS ELAINE FORTIER 038		Date of Receipt
Mailing Address 45 TEMPLE DR		08 26 2015
City ROCHESTER	State Zip Code NH 03868	Transaction ID : SA11AI.12122 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation HOMEMAKER	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).		250.00
TOTAL This Period (last page this line number	<u> </u>	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND	
Full Name (Last, First, Middle Initial) MRS WILNOREE L FOWLER 988 Mailing Address 15661 STATE ROUTE 28 W		Date of Receipt
		07 16 2015
City	State Zip Code	Transaction ID : SA11AI.12134
QUINCY	WA 98848	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. MS ELEANOR J FOX 339		Date of Receipt
Mailing Address 13572 PINE VILLA LN		08 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.12137
FORT MYERS	FL 33912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) . MS CAROLYN FREEMAN 870		Date of Receipt
Mailing Address PO BOX 220		07 17 2015
City SANDIA PARK	State Zip Code NM 87047	Transaction ID : SA11AI.12167 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
SELF EMPLOYED	CONSULTANT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) MS CAROLYN FREEMAN 870		Date of Receipt
Mailing Address PO BOX 220		10 15 2015
City	State Zip Code	Transaction ID : SA11AI.12166
SANDIA PARK	NM 87047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
SELF EMPLOYED	CONSULTANT	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) MS MARY GARBERG 660		Date of Receipt
Mailing Address 28248 W 119TH ST		08 13 2015
City	State Zip Code	Transaction ID : SA11AI.12215
OLATHE 550 ID 4 1 1 1 1 1	KS 66061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	
SUNFLOWER FARMS	SELF EMPLOYED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) MS MARY GARBERG 660		Date of Receipt
Mailing Address 28248 W 119TH ST		11 13 2015
City	State Zip Code	Transaction ID : SA11AI.12216
OLATHE	KS 66061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
SUNFLOWER FARMS	SELF EMPLOYED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional).		500.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY		
Full Name (Last, First, Middle Initial) MR STEVE A GIBBS 114 Mailing Address 16035 121ST AVE		Date of Receipt
City	State Zip Code	11 19 2015 Transaction ID : SA11AI.12280
JAMAICA	NY 11434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer NONE	Occupation UNEMPLOYED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) MR EOIN B GILLER 120 Mailing Address 30 MOHAWK TRL		Date of Receipt
City CLIFTON PARK	State Zip Code NY 12065	07 22 2015 Transaction ID: SA11AI.12292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) . MR EOIN B GILLER 120		Date of Receipt
Mailing Address 30 MOHAWK TRL		10 21 _ 2015 _
City CLIFTON PARK	State Zip Code NY 12065	Transaction ID : SA11AI.12291 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional).		225.00
TOTAL This Period (last page this line number	·	

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or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee t					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORIT	Y FUND					
Full Name (Last, First, Middle Initial) A. MS RHONDA GLAZE 891		Date of Receipt				
Mailing Address 6806 BABY JADE CT		11 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.12310				
LAS VEGAS	NV 89148	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer	Occupation	1				
UNITED HEALTHCARE	CLAIMS PROFESSIONAL					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	200.00					
Other (specify) ▼	230.00					
Full Name (Last, First, Middle Initial) MS LAURICE W GOODRICH 71	1	Date of Receipt				
Mailing Address 939 SOUTHFIELD RD		10 30 2015 _				
City	State Zip Code	Transaction ID : SA11AI.12337				
SHREVEPORT	LA 71106	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	175.00				
Name of Employer	Occupation	1				
NONE	RETIRED					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	525.00					
Full Name (Last, First, Middle Initial) C. MS RUTH K GORMLY 910	1	Date of Receipt				
Mailing Address 1220 RANCHO RD		08 24 2015				
City	State Zip Code	Transaction ID : SA11AI.12344				
ARCADIA	CA 91006	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer	Name of Employer Occupation					
NONE	RETIRED	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	375.00					
SUBTOTAL of Receipts This Page (ontional	1)	280.00				
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND	
Full Name (Last, First, Middle Initial) MS RUTH K GORMLY 910 Mailing Address 1220 BANGLO BB		Date of Receipt
Mailing Address 1220 RANCHO RD		10 28 2015
City	State Zip Code	Transaction ID : SA11AI.12345
ARCADIA	CA 91006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	1
NONE	RETIRED	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) MR MILTON H GRAN 856 Mailing Address 13934 E SAGE HILLS DR		Date of Receipt
City	State Zip Code	11 02 2015 Transaction ID : \$A11AI 12364
VAIL	AZ 85641	Transaction ID : SA11AI.12364 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	200.00
Name of Employer	Occupation	1
NONE	RETIRED	1
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) . MR FRED J GRIESER 334		Date of Receipt
Mailing Address 112 PALM CIR		09 21 2015
City	State Zip Code	Transaction ID : SA11AI.12395
ATLANTIS	FL 33462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110.00
Name of Employer	Occupation	1
FINANCIAL GAURANTY TR LLC	FINANCIAL MGR	1
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	217.00	
SUBTOTAL of Receipts This Page (optional)		460.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee to						
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND						
Full Name (Last, First, Middle Initial) MR RICHARD S GRIFFITH 705		Date of Receipt					
Mailing Address PO BOX 91610		09 22 2015 .					
City	State Zip Code	Transaction ID : SA11AI.12407					
LAFAYETTE	LA 70509	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
SELF EMPLOYED	INVESTOR						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) B. MR WILLIAM W HEATH 479		Date of Receipt					
Mailing Address 2942 SONATA CT	Mailing Address 2942 SONATA CT						
City	ty State Zip Code						
WEST LAFAYETTE	IN 47906	Transaction ID : SA11AI.12567 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	200.00					
Name of Employer NONE	Occupation RETIRED						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00						
Full Name (Last, First, Middle Initial) C. MS BETH HEATHERLY 790		Date of Receipt					
Mailing Address PO BOX 141		09 10 2015					
City WILDORADO	State Zip Code TX 79098	Transaction ID : SA11AI.12572 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	100.00					
Name of Employer	Occupation						
HEATHERLY DELIVERY SERVICE LP	GENERAL PARTNER						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	300.00						
SUBTOTAL of Receipts This Page (optional)	•	550.00					
TOTAL This Period (last page this line numb	er only)						

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND	
Full Name (Last, First, Middle Initial) MS BETH HEATHERLY 790 Mailing Address PO BOX 141		Date of Receipt
g / 100/000 O BOA 141		12 10 2015
City	State Zip Code	Transaction ID : SA11AI.12571
WILDORADO	TX 79098	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
HEATHERLY DELIVERY SERVICE LP	GENERAL PARTNER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MS PEGGY V HELMERICH 741 Mailing Address 2121 S YORKTOWN AVE		Date of Receipt
APT 12		07 14 2015
City	State Zip Code	Transaction ID : SA11AI.12595
TULSA	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
NONE	HOMEMAKER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) MR FRANK HENRY 208		Date of Receipt
Mailing Address 9805 BRIXTON LN		07 17 2015
City BETHESDA	State Zip Code MD 20817	Transaction ID : SA11AI.12611
FEC ID number of contributing federal political committee.	C 20017	Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than usin	g the name and address of any political committee					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORIT	Y FUND					
Full Name (Last, First, Middle Initial) MR FRANK HENRY 208		Date of Receipt				
Mailing Address 9805 BRIXTON LN		10 21 2015				
City	State Zip Code	Transaction ID : SA11AI.12610				
BETHESDA	MD 20817	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer	Occupation	†				
NONE	RETIRED					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	400.00					
Other (specify) ▼	400.00					
Full Name (Last, First, Middle Initial) MRS DOROTHY HERBRUCK 2		Date of Receipt				
Mailing Address 418 COLLETON AVE SE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	10 26 2015 Transaction ID : SA11Al.12615				
AIKEN						
FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.	C	107.00				
Name of Employer	-					
NONE	HOMEMAKER					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	214.00					
Full Name (Last, First, Middle Initial) MR DONALD HINES 857		Date of Receipt				
Mailing Address 8172 E GALINDA DR		09 08 2015				
City	State Zip Code	Transaction ID : SA11AI.12653				
TUCSON	AZ 85750	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation	+				
NONE	RETIRED					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	500.00					
Other (specify) ▼	300.00					
SUBTOTAL of Receipts This Page (options	al)	807.00				
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TOTAL This Period (last page this line nur	nber only)					

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Any information copied from such Reports and So or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	• •	
Full Name (Last, First, Middle Initial) DR MARK C HOUSTON 370 MD Mailing Address 2508 IRON GATE CT		Date of Receipt
City	State Zip Code	08 20 2015
FRANKLIN	TN 37069	Transaction ID : SA11AI.12736 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SELF EMPLOYED Receipt For: Primary General	Occupation INTERNAL MEDICINE Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) MR JOHN M HUNNICUTT 325 Mailing Address 4754 HICKORY SHORES BLV		Date of Receipt
		08 27 2015
City GULF BREEZE	State Zip Code FL 32563	Transaction ID : SA11AI.12770 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) . MR JOHN M HUNNICUTT 325		Date of Receipt
Mailing Address 4754 HICKORY SHORES BLV	/D	11 02 2015
City GULF BREEZE	State Zip Code FL 32563	Transaction ID : SA11AI.12771 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	>	425.00
TOTAL This Period (last page this line number of	only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F		
Full Name (Last, First, Middle Initial) MR JOHN M HUNNICUTT 325 Mailing Address 4754 HICKORY SHORES BL	VD	Date of Receipt
City	Chata 7'- O- 1	11 27 2015
City	State Zip Code FL 32563	Transaction ID : SA11AI.12772
GULF BREEZE	1 2 32303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) MR ROBERT JAMISON 483 Mailing Address 6693 RIDGEVIEW DR		Date of Receipt
City	State Zin Codo	08 24 2015
City CLARKSTON	State Zip Code MI 48346	Transaction ID : SA11AI.12835
_	.00.10	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
ROBERT JAMISON LLC	BUSINESS OWNER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) . MS SHIRLEY C JOHNSON 939		Date of Receipt
Mailing Address 3230 MACOMBER DR		08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PEBBLE BEACH	State Zip Code CA 93953	Transaction ID : SA11AI.12902 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		275.00
TOTAL This Period (last page this line number	only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) MR THOMAS R JOKERST 630 Mailing Address 15013 EAGLE CHASE CT		Date of Receipt
Mailing Address 15912 EAGLE CHASE CT	07 14 _ 2015 _	
City	State Zip Code	Transaction ID : SA11AI.12907
CHESTERFIELD	MO 63017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
SELF EMPLOYED	INVENTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. MS PAULINE B JONES 801		Date of Receipt
Mailing Address 3091 MILL VISTA RD		07 20 2015
UNIT 1013 City	07 20 2015 Transaction ID : SA11AI.12913	
LITTLETON	State Zip Code CO 80129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	
Full Name (Last, First, Middle Initial) C. MS PAULINE B JONES 801		Date of Receipt
Mailing Address 3091 MILL VISTA RD UNIT 1013		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LITTLETON	State Zip Code CO 80129	Transaction ID : SA11AI.12912 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	
SUBTOTAL of Receipts This Page (optional)	····	250.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) MR DAVID A KAHL 432 Mailing Address 1240 NEWBURY DR		Date of Receipt
		12 242015
City	State Zip Code	Transaction ID : SA11AI.12951
COLUMBUS	OH 43229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) MR ARNO G KALB 349		Date of Receipt
Mailing Address 5080 SE HANSON CIR	Choto 7:- Code	10 02 2015
City STUART	State Zip Code FL 34997	Transaction ID : SA11AI.12959
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NONE	Occupation	
	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) . MS SALLY R KIEFFER 598		Date of Receipt
Mailing Address PO BOX 42		07 14 2015
City DARBY	State Zip Code MT 59829	Transaction ID : SA11AI.13017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
TEA PARTY COMMAND CTR	BLOGGER	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		425.00
TOTAL This Period (last page this line number		

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or for commercial purposes, other than usin	and Statements may not be sold or used by any per g the name and address of any political committee					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORIT	Y FUND					
Full Name (Last, First, Middle Initial) MR JOHN PETER KIILUNEN 481 Mailing Address 12500 GRAND RIVER R		Date of Receipt				
City	State Zip Code	11 23 2015 Transaction ID : SA11Al.13019				
BRIGHTON	MI 48116	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer NONE	Occupation RETIRED					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) 3. MRS JEAN KLIPPERT 440	<u>'</u>	Date of Receipt				
Mailing Address 9785 COUNTRY SCENE	LN	11 122015				
City MENTOR	State Zip Code OH 44060	Transaction ID : SA11AI.13068 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer NONE	Occupation RETIRED					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) C. MR LOUIS C KOLAR 895	<u>'</u>	Date of Receipt				
Mailing Address 14420 E WINDRIVER LN		07 15 2015				
City RENO	State Zip Code NV 89511	Transaction ID : SA11AI.13106 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer	Occupation	1				
NONE Receipt For:	RETIRED	4				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00					
SUBTOTAL of Receipts This Page (options	al)	600.00				
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND	
Full Name (Last, First, Middle Initial) MR LOUIS C KOLAR 895 Mailing Address 14420 E WINDRIVER LN		Date of Receipt
		10 15 2015
City	State Zip Code	Transaction ID : SA11AI.13107
RENO	NV 89511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
NONE	RETIRED	l
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) MR HERBERT G KRETZ 115 Mailing Address 12 COTTAGE PL		Date of Receipt
g , addioss 12 COTTAGE PL		07 17 2015
City	State Zip Code	Transaction ID : SA11AI.13135
HEMPSTEAD	NY 11550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	l
NONE	RETIRED	l
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MR HERBERT G KRETZ 115		Date of Receipt
Mailing Address 12 COTTAGE PL		10 21 2015
City HEMPSTEAD	State Zip Code NY 11550	Transaction ID : SA11AI.13134
FEC ID number of contributing federal political committee.	NY 11550	Amount of Each Receipt this Period
Name of Employer	Occupation	
NONE	RETIRED	l
Receipt For:	Aggregate Year-to-Date ▼	l
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		500.00
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or		name and address of any political committee to	
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND	
Α.	Full Name (Last, First, Middle Initial) MR JERRY D LAFFERTY 286		Date of Receipt
	Mailing Address PO BOX 453		10 29 2015
	City	Transaction ID : SA11AI.13165	
	JEFFERSON	NC 28640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	
	NONE	RETIRED	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	
В.	Full Name (Last, First, Middle Initial) MS CHARLOTTE M LAMBERT 570		Date of Receipt
	Mailing Address 120 SYCAMORE AVE APT 24	12 11 2015	
	City	State Zip Code	Transaction ID : SA11AI.13176
	VERMILLION	SD 57069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	200.00
	Name of Employer NONE	Occupation RETIRED	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
С.	Full Name (Last, First, Middle Initial) MS DEANNA M LATULIP 140		Date of Receipt
	Mailing Address 7137 COMBS DR		11 02 2015
	City	State Zip Code	Transaction ID : SA11AI.13223
	HAMBURG	NY 14075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer	Occupation	
	NONE	RETIRED	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	210.00	
s	UBTOTAL of Receipts This Page (optional)	>	335.00
Т	OTAL This Period (last page this line number of	only)	7

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	/ FUND	
Full Name (Last, First, Middle Initial) MRS ISABEL B LEIB 117 Mailing Address 1281 WOLVER HOLLOW	RD	Date of Receipt
		09 10 2015
City	State Zip Code	Transaction ID : SA11AI.13253
OYSTER BAY	NY 11771	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MS ONA LESTER 300 Mailing Address 1101 HUMPHRIES RD NV	W.	Date of Receipt
Maining Address TOT HOMPHRIES RD IN	V	12 14 _2015 _
City	State Zip Code	Transaction ID : SA11AI.13269
CONYERS	GA 30012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) . MS LINDA L LESTER 950	•	Date of Receipt
Mailing Address 2425 RIC DR		07 17 2015
City GILROY	State Zip Code CA 95020	Transaction ID : SA11AI.13273 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	950.00	
SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number	per only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I					
Full Name (Last, First, Middle Initial) MS LINDA L LESTER 950 Mailing Address 2425 RIC DR		Date of Receipt			
City	State Zip Code	10 19 2015 Transaction ID : SA11AI.13272			
GILROY	CA 95020	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation				
NONE Receipt For:	RETIRED				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00				
Full Name (Last, First, Middle Initial) MR JOSEPH S LEWIS 870 Mailing Address 400 PINKLE RD		Date of Receipt			
Mailing Address 423 DINKLE RD		12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City EDGEWOOD	State Zip Code NM 87015	Transaction ID : SA11AI.13286			
FEC ID number of contributing federal political committee.	C 87015	Amount of Each Receipt this Period			
Name of Employer EEE CONSULTING	Occupation CONSULTANT				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00				
Full Name (Last, First, Middle Initial) . MS AUDREY A LUNDGREN 970)	Date of Receipt			
Mailing Address 5820 BURMA RD		08 05 2015			
City LAKE OSWEGO	State Zip Code OR 97035	Transaction ID : SA11AI.13375 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation				
NONE	RETIRED				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify)	300.00				
SUBTOTAL of Receipts This Page (optional)	····	450.00			
TOTAL This Period (last page this line number	<u> </u>				

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND	
Full Name (Last, First, Middle Initial) MS AUDREY A LUNDGREN 970		Date of Receipt
Mailing Address 5820 BURMA RD		11 05 2015
City	State Zip Code	Transaction ID : SA11AI.13374
LAKE OSWEGO	OR 97035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MS ANN D MACTIER 681 Mailing Address 3811 N POST RD		Date of Receipt
	Obels	08 05 2015
City	State Zip Code	Transaction ID : SA11AI.13422
ОМАНА	NE 68112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) . MS ANN D MACTIER 681		Date of Receipt
Mailing Address 3811 N POST RD		11 05 2015
City	State Zip Code	Transaction ID : SA11AI.13421
ОМАНА	NE 68112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Teal-to-Date •	
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND				
Full Name (Last, First, Middle Initial) A. MR JESSIE MARAGONI 936		Date of Receipt			
Mailing Address 4358 S DEL REY AVE		07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI.13460			
DEL REY	CA 93616	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation				
NONE	RETIRED				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	300.00				
Full Name (Last, First, Middle Initial) MR JESSIE MARAGONI 936		Date of Receipt			
Mailing Address 4358 S DEL REY AVE		10 02 2015			
City	State Zip Code	Transaction ID : SA11AI.13461			
DEL REY	CA 93616	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation				
NONE	RETIRED				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial) MRS NATALIE A MARTEL 037		Date of Receipt			
Mailing Address 335 BRUSHWOOD RD		07 14 2015			
City NORTH HAVERHILL	State Zip Code NH 03774	Transaction ID : SA11AI.13477 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation				
NONE	RETIRED				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (optional)		250.00			
TOTAL This Period (last page this line number	<u></u>				

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) MRS NATALIE A MARTEL 037 Mailing Address 335 BRUSHWOOD RD		Date of Receipt
		10 15 2015
City NORTH HAVERHILL	State Zip Code NH 03774	Transaction ID : SA11AI.13478
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) MS MARIE D MASTERS 548		Date of Receipt
Mailing Address PO BOX 302		11 03 2015
City WERSTER	State Zip Code WI 54893	Transaction ID : SA11AI.13513
WEBSTER	3 1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DR FAYE E MATA 750		Date of Receipt
Mailing Address 2229 SOUTHERN CIR		07 20 2015
City CARROLLTON	State Zip Code TX 75006	Transaction ID : SA11AI.13515 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
SELF EMPLOYED	DOCTOR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	>	200.00
TOTAL This Period (last page this line number	<u> </u>	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND	
Full Name (Last, First, Middle Initial) DR FAYE E MATA 750 Mailing Address 2220 SOUTHERN CIP		Date of Receipt
Mailing Address 2229 SOUTHERN CIR		10 20 2015
City	State Zip Code	Transaction ID : SA11AI.13514
CARROLLTON	TX 75006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
SELF EMPLOYED	DOCTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MS ANNE M MAUNDER 146 Mailing Address 7 PRIVATEERS LN		Date of Receipt
	State Zin Code	10 29 2015
City ROCHESTER	State Zip Code NY 14624	Transaction ID : SA11AI.13521 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) . MS BARBARA MCDONALD 774		Date of Receipt
Mailing Address 1809 HAWTHORN DR		11 03 / Y Y Y Y Y Y Y
City RICHMOND	State Zip Code TX 77469	Transaction ID : SA11AI.13573 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number	only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND	
Full Name (Last, First, Middle Initial) MS CAROLYN C MCGOWN 750 Mailing Address 2846 COLONIAL CIR		Date of Receipt
Mailing Address 2816 COLONIAL CIR		07 27 2015
City	State Zip Code	Transaction ID : SA11AI.13582
MCKINNEY	TX 75070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer	Occupation	
MCGOWAN ASSOC BUSINESSES INC	PRESIDENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
Full Name (Last, First, Middle Initial) 3. MS CAROLYN C MCGOWN 750		Date of Receipt
Mailing Address 2816 COLONIAL CIR		10 26 2015
City	State Zip Code	10 26 2015 Transaction ID : SA11Al.13581
MCKINNEY	TX 75070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer MCGOWAN ASSOC BUSINESSES INC	Occupation PRESIDENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) . MS JOYCE Y MCMUTT 761		Date of Receipt
Mailing Address 7121 SUMMERSET DR		08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FORT WORTH	State Zip Code TX 76126	Transaction ID : SA11AI.13616 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		270.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	•	
Full Name (Last, First, Middle Initial) MR RALPH W MESERVEY 646 Mailing Address 17009 LIV 204		Date of Receipt
City	State Zip Code MO 64635	07 21 2015 Transaction ID : SA11AI.13656 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer NONE Receipt For:	Occupation RETIRED Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) MR RALPH W MESERVEY 646 Mailing Address 17009 LIV 204		Date of Receipt 10 21 2015
City CHULA	State Zip Code MO 64635	Transaction ID : SA11AI.13657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MR ALFRED MIRAMONTES 919		Date of Receipt
Mailing Address 3917 AVENIDA PALO VERD		11 23 2015
City BONITA	State Zip Code CA 91902	Transaction ID : SA11AI.13713 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer A K ENTERPRISES	Occupation PRESIDENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	· only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND	
Full Name (Last, First, Middle Initial) MRS MARCIA W MONNIER 454 Mailing Address 6985 WEMBLEY CIR		Date of Receipt
City DAYTON	State Zip Code OH 45459	07 14 2015 Transaction ID : SA11Al.13739 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer NONE Receipt For: Primary General	Occupation RETIRED Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) 3. MRS MARCIA W MONNIER 454	400.00	Date of Receipt
Mailing Address 6985 WEMBLEY CIR City	State Zip Code	08 26 2015
DAYTON	OH 45459	Transaction ID : SA11AI.13737 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer NONE Beceipt For:	Occupation RETIRED	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) MRS MARCIA W MONNIER 454		Date of Receipt
Mailing Address 6985 WEMBLEY CIR	0	11 23 2015
City DAYTON	State Zip Code OH 45459	Transaction ID : SA11AI.13738 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer NONE Receipt For:	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	600.00
TOTAL This Period (last page this line number	only)	

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND	
Α.	Full Name (Last, First, Middle Initial) MR RICHARD E MORRISON 365 Mailing Address 425 GOLF VIEW DR		Date of Receipt
	City JACKSON	State Zip Code AL 36545	09 21 2015 Transaction ID : SA11AI.13781
	FEC ID number of contributing federal political committee.	C 30045	Amount of Each Receipt this Period 75.00
	Name of Employer NONE Receipt For: Primary General Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) MR RICHARD E MORRISON 365 Mailing Address 425 GOLF VIEW DR		Date of Receipt 12 21 2015
	JACKSON FEC ID number of contributing	State Zip Code AL 36545	Transaction ID : SA11AI.13782 Amount of Each Receipt this Period
	federal political committee. Name of Employer NONE	Occupation RETIRED	75.00
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
C.	Full Name (Last, First, Middle Initial) MR RONALD P MUNDELL 196		Date of Receipt
	Mailing Address 149 JOHNSON LN City READING	State Zip Code PA 19605	07 01 2015 Transaction ID : SA11AI.13813
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 350.00
	Name of Employer NONE Receipt For: Primary General	Occupation RETIRED Aggregate Year-to-Date ▼	
	Other (specify) SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of	<u>·</u> _	500.00
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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND	
Full Name (Last, First, Middle Initial) MR RONALD P MUNDELL 196 Mailing Address 149 JOHNSON LN	Date of Receipt	
		11 04 2015
City	Transaction ID : SA11AI.13814	
READING	PA 19605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	650.00	
Full Name (Last, First, Middle Initial) 3. MR BOYD MUNSCH 211		Date of Receipt
Mailing Address 2431 YARMOUTH LN		12 23 2015
City	State Zip Code	Transaction ID : SA11AI.13817
CROFTON	MD 21114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
LEED GREEN ASSOCIATES	PROJECT SUPERVISOR	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) DR MUHAMMAD NASIR 913		Date of Receipt
Mailing Address 11987 SHOSHONE AVE		08 13 2015
City GRANADA HILLS	State Zip Code	Transaction ID : SA11AI.13858
GRANADA HILLS	CA 91344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
ARFLAKE REHAB MEDICAL CENTER	DOCTOR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		560.00
TOTAL This Period (last page this line number	only)	

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	e name and address of any political committee to					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F						
Full Name (Last, First, Middle Initial) DR MUHAMMAD NASIR 913 Mailing Address 11987 SHOSHONE AVE	DR MUHAMMAD NASIR 913					
011		11 13 2015				
CRANADA LIII L	State Zip Code	Transaction ID : SA11AI.13859				
GRANADA HILLS	CA 91344	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer	Occupation					
ARFLAKE REHAB MEDICAL CENTER	DOCTOR					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00					
Full Name (Last, First, Middle Initial) MR DAVID I NATION 760 Mailing Address 1404 BRIARWOOD BLVD		Date of Receipt				
	07 01 2015					
City	State Zip Code	Transaction ID : SA11AI.13860				
ARLINGTON	TX 76013	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer	Occupation					
SW CHRISTIAN MISSION	RETIRED					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00					
Full Name (Last, First, Middle Initial) MR DONALD OLSOMMER 184		Date of Receipt				
Mailing Address 321 SPRING HILL RD		07 28 2015				
City MOSCOW	State Zip Code PA 18444	Transaction ID : SA11AI.13959				
FEC ID number of contributing federal political committee.	C 18444	Amount of Each Receipt this Period				
Name of Employer	Occupation					
NONE	RETIRED					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
SUBTOTAL of Receipts This Page (optional)		500.00				
TOTAL This Period (last page this line number	only)					

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND						
Full Name (Last, First, Middle Initial) MRS NANCY L ORME 201 Mailing Address 41284 HOGELAND MILL RD	IRS NANCY L ORME 201						
City							
LEESBURG FEC ID number of contributing federal political committee.	VA 20175	Amount of Each Receipt this Period 300.00					
Name of Employer RETIRED Receipt For: Primary General	Occupation NURSE Aggregate Year-to-Date ▼						
Other (specify) Full Name (Last, First, Middle Initial)	900.00	Date of St. 11					
MRS NANCY L ORME 201 Mailing Address 41284 HOGELAND MILL RD		Date of Receipt M M M / D D / Y D Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City LEESBURG	State Zip Code VA 20175	Transaction ID : SA11AI.13980 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	300.00					
Name of Employer RETIRED Receipt For:	Occupation NURSE						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00						
Full Name (Last, First, Middle Initial) MR DALE A OYHUS 586		Date of Receipt					
Mailing Address 13973 FRANKS CREEK RD		08 18 2015					
City MEDORA	State Zip Code ND 58645	Transaction ID : SA11AI.13999 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer SELF EMPLOYED Receipt For:	Occupation CATTLE RANCHER						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00						
SUBTOTAL of Receipts This Page (optional)		700.00					
TOTAL This Period (last page this line number	only)						

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or for commercial purposes, other than using	and Statements may not be sold or used by any pering the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORIT	TY FUND	
Full Name (Last, First, Middle Initial) MR DALE A OYHUS 586 Mailing Address 13973 FRANKS CREEK	RD	Date of Receipt
City	08 26 2015	
MEDORA	State Zip Code ND 58645	Transaction ID : SA11AI.13998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer	Occupation	1
SELF EMPLOYED	CATTLE RANCHER	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) MR DALE A OYHUS 586	<u> </u>	Date of Receipt
Mailing Address 13973 FRANKS CREEK	M = M / D = D / Y = Y = Y	
City	State Zip Code	11 03 2015
MEDORA	ND 58645	Transaction ID : SA11AI.14000 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	1
SELF EMPLOYED	CATTLE RANCHER	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
Full Name (Last, First, Middle Initial) C. MR JOHN PARISH 853	<u>'</u>	Date of Receipt
Mailing Address 4112 S AVENUE 5 1/2 B	 ≣ 	08 12 2015
City YUMA	State Zip Code AZ 85365	Transaction ID : SA11AI.14015 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	-
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (option	al)	330.00
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TOTAL This Period (last page this line nur	mber only)	

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	e name and address of any political committee to			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND			
Full Name (Last, First, Middle Initial) MR JOHN PARISH 853 Mailing Address 4112 S AVENUE 5 1/2 E	Date of Receipt			
		11 12 2015		
City	State Zip Code	Transaction ID : SA11AI.14016		
YUMA	AZ 85365	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	1		
NONE	RETIRED	1		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial) MR GEORGE C PERREAULT 342 Mailing Address 7336 CAPTAIN KIDD AVE	GEORGE C PERREAULT 342			
City	State Zip Code	09 11 2015 Transaction ID : SA11AI.14063		
SARASOTA	FL 34231	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	1		
NONE	RETIRED	1		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) . MR GEORGE PFAFF 288		Date of Receipt		
Mailing Address 16 SALISBURY DR APT 7118		08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI.14094		
ASHEVILLE	NC 28803	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer	Occupation	1		
NONE	RETIRED	1		
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General Other (specify) ▼	500.00			
SUBTOTAL of Receipts This Page (optional)		700.00		
TOTAL This Period (last page this line number	only)			

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND					
Full Name (Last, First, Middle Initial) MRS MARY T PHILPIT 334		Date of Receipt				
Mailing Address 100 WORTH AVE APT 417	APT 417					
City	State Zip Code	Transaction ID : SA11AI.14108				
PALM BEACH	FL 33480	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer	Occupation					
NONE	HOMEMAKER					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	225.00					
Full Name (Last, First, Middle Initial) 3. MRS MARY T PHILPIT 334		Date of Receipt				
Mailing Address 100 WORTH AVE		M = M / D = D / Y = Y = Y				
APT 417 City	State Zip Code	10 08 2015				
PALM BEACH	FL 33480	Transaction ID : SA11AI.14109 Amount of Each Receipt this Period				
FEC ID number of contributing		Amount of Each Heceipt tills Fellou				
federal political committee.	C	75.00				
Name of Employer	Occupation					
NONE	HOMEMAKER					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial) . MR BOB POTEAT 293		Date of Receipt				
Mailing Address PO BOX 160639		07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.14159				
BOILING SPRINGS	SC 29316	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer	Occupation					
NONE	RETIRED					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	225.00					
SUBTOTAL of Receipts This Page (optional)		225.00				
TOTAL This Period (last page this line number	er only)					

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND					
Full Name (Last, First, Middle Initial) MS COY M POWELL 977 Mailing Address 2500 SW 83RD ST	MS COY M POWELL 977					
City REDMOND	State Zip Code OR 97756	09 02 2015 Transaction ID : SA11Al.14166 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer NONE Receipt For:	Occupation RETIRED Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name (Last, First, Middle Initial) MS COY M POWELL 977 Mailing Address 2500 SW 83RD ST		Date of Receipt				
City REDMOND	State Zip Code OR 97756	12 02 2015 Transaction ID : SA11AI.14167 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer NONE Receipt For:	Occupation RETIRED					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) MR RICHARD PREGEANT 365		Date of Receipt				
Mailing Address 5675 RIVERVIEW POINTE D		11 05 2015				
City THEODORE	State Zip Code AL 36582	Transaction ID : SA11AI.14173 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	280.00				
Name of Employer VEZINA OF ALABAMA INC	Occupation AGENT					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00					
SUBTOTAL of Receipts This Page (optional)	•	430.00				
TOTAL This Period (last page this line number	only)					

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) MS GLYNNIS PRICE 496 Mailing Address 2148 EVERGREEN AVE		Date of Receipt
	08 04 2015	
City	State Zip Code	Transaction ID : SA11AI.14176
TRAVERSE CITY	MI 49696	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
NONE	HOMEMAKER	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) 3. MS DIANNE T PULSE 386		Date of Receipt
Mailing Address 113 E SPRING ST	08 25 2015	
City	State Zip Code	Transaction ID : SA11AI.14201
RIPLEY	MS 38663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) . MS DIANNE T PULSE 386		Date of Receipt
Mailing Address 113 E SPRING ST		11 25 2015
City RIPLEY	State Zip Code MS 38663	Transaction ID : SA11AI.14202 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	•	250.00
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND						
Full Name (Last, First, Middle Initial) MISS LAVONNE C RAMSEY 506 Mailing Address 603 WEST ST		Date of Receipt					
City REINBECK	State Zip Code						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer NONE Receipt For: Primary General Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 300.00						
Full Name (Last, First, Middle Initial) MISS LAVONNE C RAMSEY 506 Mailing Address 603 WEST ST		Date of Receipt					
City REINBECK FEC ID number of contributing	State Zip Code IA 50669	09 10 2015 Transaction ID : SA11AI.14235 Amount of Each Receipt this Period 100.00					
Name of Employer NONE Receipt For:	Occupation RETIRED	100.00					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name (Last, First, Middle Initial) MISS LAVONNE C RAMSEY 500 Mailing Address 603 WEST ST	6	Date of Receipt					
City REINBECK	State Zip Code IA 50669	11 12 2015 Transaction ID : SA11AI.14234 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	200.00					
Name of Employer NONE Receipt For: Primary General	Occupation RETIRED Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	600.00						
SUBTOTAL of Receipts This Page (optional)	>	400.00					
TOTAL This Period (last page this line number	only)						

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND	
Full Name (Last, First, Middle Initial) MR WILLIAM T REYNOLDS 276 Mailing Address 2905 MARS ST	Date of Receipt	
		07 07 2015
City	State Zip Code	Transaction ID : SA11AI.14308
RALEIGH	NC 27604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) MR WILLIAM T REYNOLDS 276 Mailing Address 2905 MARS ST		Date of Receipt 10 07 2015
City	State Zip Code	10 07 2015 Transaction ID : SA11AI.14309
RALEIGH	NC 27604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) MISS LAURA B RICHARDS 110		Date of Receipt
Mailing Address 102 BOULDER RD		11 23 2015
City	State Zip Code	Transaction ID : SA11AI.14323
MANHASSET	NY 11030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		360.00
TOTAL This Period (last page this line number of	only)	

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	g the name and address of any political committee to	
CONSERVATIVE MAJORIT	Y FUND	
Full Name (Last, First, Middle Initial) MS KAREN L ROBISON 841 Mailing Address 1706 E MURRAY HOLLA APT 102 City SALT LAKE CITY FEC ID number of contributing federal political committee.	State Zip Code UT 84117	Date of Receipt 10 28 2015 Transaction ID : SA11AI.14375 Amount of Each Receipt this Period
Name of Employer NONE Receipt For: Primary General Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) CHARLESMARLEENE RODGE Mailing Address 8335 DINSDALE ST City DOWNEY	RS 902 State Zip Code CA 90240	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 225.00	75.00
Full Name (Last, First, Middle Initial) MR CHARLES A ROPER 920 Mailing Address 6733 CANTIL ST City CARLSBAD FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General Other (specify)	State Zip Code CA 92009 C Occupation RETIRED Aggregate Year-to-Date ▼ 250.00	Date of Receipt 12 07 2015 Transaction ID : SA11AI.14418 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional	il)	225.00
TOTAL This Period (last page this line num	nber only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	TUND	
Full Name (Last, First, Middle Initial) MS MARY RUDDELL 913 Mailing Address 16352 VALLEY RANCH RD	Date of Receipt	
ag . adioso 10002 VALLET KANON KD		08 21 2015
City	State Zip Code	Transaction ID : SA11AI.14456
CANYON COUNTRY	CA 91387	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
CRANBERRY SALESMAN	SELF EMPLOYED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MS JANET B SANDERS 631 Mailing Address 40 CONWAY CLOSE RD		Date of Receipt
Mailing Address 40 CONWAY CLOSE RD	08 07 2015	
City	State Zip Code	Transaction ID : SA11AI.14512
SAINT LOUIS	MO 63124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MR FRANKIE SCHIERMAN 988		Date of Receipt
Mailing Address 5303 PAINTED HILLS RD		07 14 2015
City EPHRATA	State Zip Code WA 98823	Transaction ID : SA11AI.14549 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)		675.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	/ FUND	
Full Name (Last, First, Middle Initial) MR FRANKIE SCHIERMAN 988 Mailing Address 5303 PAINTED HILLS RD		Date of Receipt
City	State Zip Code	10 15 2015
EPHRATA	WA 98823	Transaction ID : SA11AI.14548 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. MR LONNIE SCHWIRTLICH 784		Date of Receipt
Mailing Address 14314 PLAYA DEL REY City	08 12 2015 Transaction ID : SA11AI.14600	
CORPUS CHRISTI	TX 78418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. MR LONNIE SCHWIRTLICH 7	84	Date of Receipt
Mailing Address 14314 PLAYA DEL REY		11 12 2015
City CORPUS CHRISTI	State Zip Code TX 78418	Transaction ID : SA11AI.14601 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	325.00
	per only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY		
Full Name (Last, First, Middle Initial) MS DANA L SEXTON 740 Mailing Address 35024 W 261ST ST S		Date of Receipt
		10 26 2015
City	State Zip Code	Transaction ID : SA11AI.14638
BRISTOW	OK 74010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	
OK TURNPIKE AUTHORITY	COLLECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) MR ROBERT SHAW 024		Date of Receipt
Mailing Address 126 LANGDON ST	11 11 2015	
City NEWTON	State Zip Code MA 02458	Transaction ID : SA11AI.14654
NEWTON	02.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) . MS HELEN W SMITH 631		Date of Receipt
Mailing Address PO BOX 221051		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.14775
SAINT LOUIS	MO 63122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	375.00
TOTAL This Period (last page this line numbe	·	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) MR EMMETT L SMITH 956 Mailing Address 4126 BUCHANAN DR		Date of Receipt
		09 02 2015
City	State Zip Code	Transaction ID : SA11AI.14791
FAIR OAKS	CA 95628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MR MICHAEL SOBER 967 Mailing Address 2112 LAUWILIWILI ST		Date of Receipt
STE 106G	09 02 2015	
City	State Zip Code	Transaction ID : SA11AI.14810
KAPOLEI	HI 96707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer VALLEY WELL DRILLING INC	Occupation PRESIDENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) . MS MARY E STEADMAN 757		Date of Receipt
Mailing Address 2435 HOMESTEAD LN		12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.14882
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
REFUSED TO GIVE	ASSISTANT MANAGER	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	•	650.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	TUND						
Full Name (Last, First, Middle Initial) MR LARRY D STEELE 678 Mailing Address PO BOX 688		Date of Receipt					
City TRIBUNE							
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 75.00					
Name of Employer NONE Receipt For: Primary General Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 225.00						
Full Name (Last, First, Middle Initial) MR LARRY D STEELE 678 Mailing Address PO BOX 688	Date of Receipt 12 24 2015						
City TRIBUNE FEC ID number of contributing federal political committee.	State Zip Code KS 67879	Transaction ID: SA11AI.14884 Amount of Each Receipt this Period 75.00					
Name of Employer NONE Receipt For: Primary General Other (specify)	Occupation RETIRED Aggregate Year-to-Date ▼ 300.00						
Full Name (Last, First, Middle Initial) MS SARAH T STEPHENSON 06 Mailing Address 114 W LYON FARM DR		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
City GREENWICH FEC ID number of contributing federal political committee.	State Zip Code CT 06831	Transaction ID : SA11AI.14897 Amount of Each Receipt this Period 50.00					
Name of Employer NONE Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation HOMEMAKER Aggregate Year-to-Date ▼ 250.00						
SUBTOTAL of Receipts This Page (optional)		200.00					
TOTAL This Period (last page this line number	only)						

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND						
Full Name (Last, First, Middle Initial) MS DANA SUN 932		Date of Receipt					
Mailing Address PO BOX 276		07 08 2015					
City							
THREE RIVERS	CA 93271	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	100.00					
Name of Employer	Occupation						
CARE GIVER	SELF EMPLOYED						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	300.00						
Full Name (Last, First, Middle Initial) 3. MS DANA SUN 932		Date of Receipt					
Mailing Address PO BOX 276	09 09 2015						
City	State Zip Code	Transaction ID : SA11AI.14979					
THREE RIVERS	CA 93271	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation						
CARE GIVER	SELF EMPLOYED						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name (Last, First, Middle Initial) . MS DANA SUN 932		Date of Receipt					
Mailing Address PO BOX 276		12 09 2015					
City	State Zip Code	Transaction ID : SA11AI.14981					
THREE RIVERS	CA 93271	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation						
CARE GIVER	SELF EMPLOYED						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	500.00						
SUBTOTAL of Receipts This Page (optional)	•	300.00					
TOTAL This Period (last page this line number	er only)						

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND	
Full Name (Last, First, Middle Initial) MS DOROTHY W SWOFFORD 857		Date of Receipt
Mailing Address 7500 N CALLE SIN ENVIDIA APT 1103		08 18 2015
City TUCSON	State Zip Code AZ 85718	Transaction ID : SA11AI.14991 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer NONE Receipt For:	Occupation RETIRED	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) MS DOROTHY W SWOFFORD 85 Mailing Address 7500 N CALLE SIN ENVIDIA	Date of Receipt	
APT 1103 City TUCSON	State Zip Code AZ 85718	11 18 2015 Transaction ID : SA11AI.14992 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) . MS NANCY P TIMMER 786		Date of Receipt
Mailing Address 249 SUNDAY CIR		07 07 2015
City FREDERICKSBRG	State Zip Code TX 78624	Transaction ID : SA11AI.15075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)		520.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	and Statements may not be sold or used by any per g the name and address of any political committee						
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORIT	Y FUND						
Full Name (Last, First, Middle Initial) MS NANCY P TIMMER 786 Mailing Address 249 SUNDAY CIR	MS NANCY P TIMMER 786						
City	State Zip Code	10 07 2015					
FREDERICKSBRG	TX 78624	Transaction ID : SA11AI.15076 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	120.00					
Name of Employer NONE	Occupation RETIRED						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00						
Full Name (Last, First, Middle Initial) MRS JAN B VANDENBERG 97	7	Date of Receipt					
Mailing Address 61951 KILDONAN CT		08 26 _2015 _					
City BEND	7 Transaction ID : SA11Al.15175 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer NONE	Occupation RETIRED						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00						
Full Name (Last, First, Middle Initial) C. MRS JAN B VANDENBERG 9		Date of Receipt					
Mailing Address 61951 KILDONAN CT		11 26 2015					
City BEND	State Zip Code OR 97702	Transaction ID : SA11AI.15174 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer	Occupation	-					
NONE Receipt For:	RETIRED	-					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00						
SUBTOTAL of Receipts This Page (ontional	al)	520.00					
	<u> </u>						
IUIAL This Period (last page this line num	nber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. (86	OF		192	
ı	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND					
Full Name (Last, First, Middle Initial) MR JOEL VANDEZANDE 913		Date of Receipt				
Mailing Address 500 PERIWINKLE CT	Mailing Address 500 PERIWINKLE CT					
City	State Zip Code	07 15 2015 Transaction ID : SA11AI.15180				
THOUSAND OAKS	CA 91360	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation					
NONE	RETIRED					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) B. MR JOEL VANDEZANDE 913	MR JOEL VANDEZANDE 913					
Mailing Address 500 PERIWINKLE CT	10 15 2015					
City	State Zip Code	Transaction ID : SA11AI.15181				
THOUSAND OAKS	CA 91360	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer NONE	Occupation					
Receipt For:	RETIRED					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) C. MR CHARLES VARSEL 773		Date of Receipt				
Mailing Address 7907 ALETA DR		12 02 2015				
City SPRING	State Zip Code TX 77379	Transaction ID : SA11AI.15186 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation					
VARSEL LTD	RETIRED PARTNER					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
SUBTOTAL of Receipts This Page (optional).		300.00				
TOTAL This Period (last page this line numb	er only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. (69	OF	192	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY		
Full Name (Last, First, Middle Initial) MR MICHAEL VASILE 870 Mailing Address PO BOX 744		Date of Receipt
	Ctoto 7:- O. I.	07 01 2015
City SANDIA PARK	State Zip Code NM 87047	Transaction ID : SA11AI.15188 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MR MICHAEL VASILE 870 Mailing Address PO BOX 744	Date of Receipt	
City SANDIA PARK	State Zip Code NM 87047	10 01 2015 Transaction ID : SA11AI.15187 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) . MR JAMES D WALKER 760		Date of Receipt
Mailing Address 1311 COCHISE DR		07 13 2015
City ARLINGTON	State Zip Code TX 76012	Transaction ID : SA11AI.15235 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	300.00
TOTAL This Period (last page this line number	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE	7	70	OF	•	192				
(check only one)										
X	11a	11b		11c		12				
	13	14		15		16			17	

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) MR JAMES D WALKER 760 Mailing Address 1311 COCHISE DR		Date of Receipt
ag / nources 1311 COORISE DK		10 13 2015
City	State Zip Code	Transaction ID : SA11AI.15234
ARLINGTON	TX 76012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	!
NONE	RETIRED	l
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MS DIANE M WEYRICK 550 Mailing Address 3431 HALSTAD AVE		Date of Receipt
		08 21 2015
City	State Zip Code	Transaction ID : SA11AI.15357
WEBSTER	MN 55088	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	l
SELF EMPLOYED	FINANCIAL PLANNER	l
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MR MICHEL WILCOX 432		Date of Receipt
Mailing Address 1985 HENDERSON RD		07 08 2015
City COLUMBUS	State Zip Code OH 43220	Transaction ID : SA11AI.15410 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	ļ
INDEPENT CONSULTANT	SELF EMPLOYED	l
Receipt For:	Aggregate Year-to-Date ▼	l
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	: 7	71	OF		192			
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	13	14		15		16			17

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial) MR MICHEL WILCOX 432 Mailing Address 1985 HENDERSON RD		Date of Receipt
		10 08 2015
City	State Zip Code	Transaction ID : SA11AI.15409
COLUMBUS	OH 43220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	ı
INDEPENT CONSULTANT	SELF EMPLOYED	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MS CARRIE E WILSON 410 Mailing Address DO DOX 76390		Date of Receipt
Mailing Address PO BOX 76280		07 22 2015
City	State Zip Code	7 22 2015 Transaction ID : SA11AI.15456
HIGHLAND HEIGHTS	KY 41076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
NONE	RETIRED	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) . MS CARRIE E WILSON 410		Date of Receipt
Mailing Address PO BOX 76280		09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HIGHLAND HEIGHTS	State Zip Code KY 41076	Transaction ID : SA11AI.15458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	1
NONE	RETIRED	1
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:						PAGE	: 7	72	OF	192
(check only one)											
		X	11a		11b		11c		12		
			13		14		15		16	;	17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND	
Full Name (Last, First, Middle Initial) MS CARRIE E WILSON 410		Date of Receipt
Mailing Address PO BOX 76280		11 23 2015
City	State Zip Code	Transaction ID : SA11AI.15457
HIGHLAND HEIGHTS	KY 41076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) MS CARRIE E WILSON 410 Mailing Address PO BOX 76280		Date of Receipt
		12 07 2015
City	State Zip Code	Transaction ID : SA11AI.15459
HIGHLAND HEIGHTS	KY 41076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
NONE Receipt For:	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) MRS CAROLYN B WINTERS 830	6	Date of Receipt
Mailing Address PO BOX 535		11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CASCADE	State Zip Code ID 83611	Transaction ID : SA11AI.15490 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		400.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	7	73	OF	192		
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	he name and address of any political committee to			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND			
Full Name (Last, First, Middle Initial) MS CONSTANCE J YAMAUCHI 800	ס	Date of Receipt		
waiiing Address 15992 E LEHIGH CIR	Mailing Address 15992 E LEHIGH CIR			
City	State Zip Code	09 14 2015 Transaction ID : SA11AI.15552		
AURORA	CO 80013	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation			
HEARTSTONE PROPERTIES LLC	REAL ESTATE			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) MS JUDITH A YOUNG 454 Mailing Address 4270 SARAHS WAY		Date of Receipt		
City	State Zip Code	07 23 2015 Transaction ID : SA11AI.15573		
DAYTON	OH 45440	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation			
NONE	RETIRED			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) . MS JUDITH A YOUNG 454		Date of Receipt		
Mailing Address 4270 SARAHS WAY		08 11 2015		
City DAYTON	State Zip Code OH 45440	Transaction ID : SA11AI.15576 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	-100.00		
Name of Employer	Occupation			
NONE	RETIRED			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	200.00			
SUBTOTAL of Receipts This Page (optional)		100.00		
TOTAL This Period (last page this line number	r only)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	: 7	74	OF		192		
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND			
Full Name (Last, First, Middle Initial) MS JUDITH A YOUNG 454 Mailing Address 4270 SARAHS WAY		Date of Receipt		
City	State Zip Code	10 23 2015 Transaction ID : SA11AI.15575		
DAYTON EEC ID number of contributing	OH 45440	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer NONE	Occupation RETIRED			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) 3. MS JUDITH A YOUNG 454 Mailing Address 4270 SARAHS WAY		Date of Receipt		
City DAYTON	State Zip Code OH 45440	12 11 2015 Transaction ID : SA11AI.15569 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	-100.00		
Name of Employer NONE	Occupation RETIRED			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address		M = M / D = D / Y = Y = Y		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	7		
Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)	•	0.00		
TOTAL This Period (last page this line number	· only)	27482.00		

S П

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 OF 192 (check only one) 11a 11b 11c 12 13 14 15 16 🗙 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and a		erson for the purpose of soliciting contributions
CONSERVATIVE MAJORITY	FUND		
Full Name (Last, First, Middle Initial) TMA DIRECT INC Mailing Address 2000 EDMUND HALLEY DR #250 City	State	Zip Code	Date of Receipt 07 07 2015 Transaction ID: SA17.15726
RESTON FEC ID number of contributing federal political committee. Name of Employer	VA C	20191	Amount of Each Receipt this Period 1722.41 LIST RENTAL INCOME
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1722.41	
B. TMA DIRECT INC Mailing Address 2000 EDMUND HALLEY DR			Date of Receipt
#250 City RESTON FEC ID number of contributing federal political committee.	State VA	Zip Code 20191	08 10 2015 Transaction ID : SA17.15722 Amount of Each Receipt this Period 2224.96
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 3947.37	LIST RENTAL INCOME
Full Name (Last, First, Middle Initial) C. TMA DIRECT INC Mailing Address 2000 EDMUND HALLEY DR #250 City	State VA	Zip Code	Date of Receipt 09 09 2015 Transaction ID: SA17.15723
RESTON FEC ID number of contributing federal political committee. Name of Employer	COccupation	20191	Amount of Each Receipt this Period 1018.18 LIST RENTAL INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4965.55	
SUBTOTAL of Receipts This Page (optional)		······	4965.55

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 76 OF 192					
TEMIZED RECEIPTS		for each category of the	(check only one)					
		Detailed Summary Page	11a 11b 11c 12					
			13 14 15 16 X 17					
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements made and a	ay not be sold or used by any peaddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
CONSERVATIVE MAJORITY F	FUND							
Full Name (Last, First, Middle Initial) 1. TMA DIRECT INC			Date of Receipt					
Mailing Address 2000 EDMUND HALLEY DR			M = M / D = D / Y = Y = Y					
#250			10 07 2015					
City	State	Zip Code	Transaction ID : SA17.15724					
RESTON	VA	20191	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		1391.39					
Name of Employer	Occupation	1	LIST RENTAL INCOME					
Receipt For:	A ~~~~ t	Voor to Date =						
Primary General	Aggregate	Year-to-Date ▼						
Other (specify) ▼		6356.94						
Full Name (Last, First, Middle Initial) TMA DIRECT INC			Date of Receipt					
Mailing Address 2000 EDMUND HALLEY DR			M = M / D = D / Y = Y = Y					
#250			11 24 2015					
City	State	Zip Code	Transaction ID : SA17.15725					
RESTON	VA	20191	Amount of Each Receipt this Period					
FEC ID number of contributing	С		1803.09					
federal political committee.	0		1000.00					
Name of Employer	Occupation	1	LIST RENTAL INCOME					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	33 13							
Other (specify) ▼		8160.03						
		· · · · · · · · · · · · · · · · · · ·						
Full Name (Last, First, Middle Initial)								
Mailing Address			Date of Receipt					
Mailing Address			M = M / D = D / Y = Y = Y					
City	State	Zip Code	_					
Only .	Otato	2.p 0000	Amount of Each Receipt this Period					
FFC ID asserber of contributions			Amount of Each necespt this Period					
FEC ID number of contributing federal political committee.	C							
Name of Employer	Occupation	<u> </u>						
Receipt For:	A marine 2: 2 t :	Veer to Date W						
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)								
		7	'					
SUBTOTAL of Receipts This Page (optional)			3194.48					
		•	, ,					

TOTAL This Period (last page this line number only).....

8160.03

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 77 OF 192				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)			
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and Stater	nents may not be sold or us					
or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
$ \; angle$ CONSERVATIVE MAJORITY FUN	ID					
Full Name (Last, First, Middle Initial)		1				
A. ACTIVE ENGAGEMENT LLC			Date of Disbursen	nent		
			M M / D L) / Y Y Y Y Y		
Mailing Address 44084 RIVERSIDE PKWY			10 09	2015		
SUITE 350 City	State Zip Code					
LANSDOWNE	VA 20176		Transaction ID :	SB21B.15669		
Purpose of Disbursement						
PAC eMAIL SOLICITATIONS		003	Amount of Each D	Disbursement this Period		
Candidate Name CONSERVATIVE MAJORITY FUN	n	Category/ Type		8200.00		
Office Sought: House Disburser		туре				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) B ACTIVE ENCACEMENT I.I.C.			Date of Disbursen	nent		
B. ACTIVE ENGAGEMENT LLC			M M / D C			
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			12 28			
,	State Zip Code		Transaction ID :	SB21B.15670		
LANSDOWNE Purpose of Disbursement	VA 20176					
PAC eMAIL SOLICITATIONS		003	Amount of Each D	Disbursement this Period		
Candidate Name		Category/		4000.00		
CONSERVATIVE MAJORITY FUN		Type		10000.00		
Office Sought: House Disburser Senate						
President	Other (specify) General					
State: District:	- √-1- 3 - 3 / ♦					
Full Name (Last, First, Middle Initial)						
C. BAKER & HOSTETLER LLP			Date of Disbursen	nent		
Mailing Address DO DOV 70400			07 08			
Mailing Address PO BOX 70189			07 08	2015		
City	State Zip Code		Transaction ID :	SR21R 15671		
CLEVELAND Purpose of Dishursement	OH 44190		Transaction ID .	05215.1307 I		
Purpose of Disbursement LEGAL SERVICES		001	Amount of Feel 5	Noburgoment Hein Desired		
Candidate Name			Amount of Each L	Disbursement this Period		
CONSERVATIVE MAJORITY FUN	ND	Category/ Type		25000.00		
Office Sought: House Disburser						
Senate President	Other (specify) —					
State: District:	Other (specify) ▼					
2.5						
SUBTOTAL of Disbursements This Page (optional)				43200.00		
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)	Han agreets astronomy (1)	FOR LINE NUMBER: PAGE 78 OF 192				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)			
	Detailed Summary Page	27	28a 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and Statem						
or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions	from such committee.		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	D					
CONSERVATIVE MAJORITY FUN	U					
Full Name (Last, First, Middle Initial)			Data of Dialassa			
A. BAKER & HOSTETLER LLP			Date of Disburse			
Mailing Address PO BOX 70189			11 06			
City.	itata Zin Cada					
City S CLEVELAND	State Zip Code OH 44190		Transaction ID	: SB21B.15672		
Purpose of Disbursement						
LEGAL SERVICES Candidate Name		001	Amount of Each	Disbursement this Period		
CONSERVATIVE MAJORITY FUN	D	Category/ Type		6000.00		
Office Sought: House Disbursen		.,,,,	,	,		
	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. FIRST MERIT BANK			Date of Disburse	ment		
Mailing Address 295 FIRSTMERIT CIR			07 3			
Mailing Address 295 FIRSTMERIT CIR			07 3	2013		
•	State Zip Code		Transaction ID	: SB21B.15698		
AKRON Purpose of Disbursement	OH 44307					
BANK CHARGES		001	Amount of Each	Disbursement this Period		
Candidate Name CONSERVATIVE MAJORITY FUN	D	Category/		1207.41		
Office Sought: House Disbursen		Туре	,	7		
	Primary General					
	Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
C. FIRST MERIT BANK			Date of Disburse	ment		
-			M M / D			
Mailing Address 295 FIRSTMERIT CIR			08 3	1 2015		
City	State Zip Code		Transaction ID	· SR21R 15600		
	OH 44307		Transaction ib	. 05215.13033		
BANK CHARGES	Purpose of Disbursement BANK CHARGES					
Candidate Name		Category/	7 6. 246	Disbursement this Period		
CONSERVATIVE MAJORITY FUN		Туре		905.91		
Office Sought: House Disbursen Senate	Primary General					
	Other (specify) ▼					
State: District:						
				8113.32		
SUBTOTAL of Disbursements This Page (optional)		·····•		0113.32		
TOTAL This Period (last page this line number only)		·····•				

SCHEDULE B (FEC Form 3X)	Lice congrete cohodule(s)	FOR LINE NUMBER: PAGE 79 OF 192				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only X 21b	·			
	Detailed Sulfilliary Fage	27	28a 28b	28c 29 30k		
Any information copied from such Reports and Stator for commercial purposes, other than using the n						
NAME OF COMMITTEE (In Full)	and and address of any point					
CONSERVATIVE MAJORITY FU	IND					
Full Name (Last, First, Middle Initial)			Data of Bishow			
A. FIRST MERIT BANK			Date of Disburs	sement		
Mailing Address 295 FIRSTMERIT CIR			09	30 2015		
City	State Zip Code		Transaction I	D : SB21B.15700		
AKRON Purpose of Disbursement	OH 44307		. ranououon .	3.052.5		
BANK CHARGES		001	Amount of Eac	h Disbursement this Period		
Candidate Name		Category/		871.84		
CONSERVATIVE MAJORITY FU Office Sought: House Disburs		Type	7	071.04		
Office Sought: House Disburs Senate	sement For: Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Data of Diah			
B. FIRST MERIT BANK			Date of Disburs			
Mailing Address 295 FIRSTMERIT CIR			10	31 2015		
City AKRON	State Zip Code OH 44307		Transaction I	ID : SB21B.15701		
Purpose of Disbursement BANK CHARGES		001	Amount of Eac	h Disbursement this Period		
Candidate Name		Category/				
CONSERVATIVE MAJORITY FU		Type		930.27		
Office Sought: House Disburs Senate	sement For: Primary General					
President	Primary General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
C. FIRST MERIT BANK			Date of Disburs			
Mailing Address 295 FIRSTMERIT CIR			M M / D	30 2015		
City	Ctata 7:n Cada					
City AKRON	State Zip Code OH 44307		Transaction I	D : SB21B.15702		
Purpose of Disbursement BANK CHARGES						
Candidate Name		001	Amount of Eac	h Disbursement this Period		
CONSERVATIVE MAJORITY FU	JND	Category/ Type		1220.05		
	sement For:	1,700				
Senate	Primary General					
President	Other (specify)					
State: District:						
SUBTOTAL of Disbursements This Page (optional)	······	,	3022.16		
TOTAL This Period (last page this line number on	lv)					
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SCHEDULE B (FEC Form 3X)	Lico coperate cabadula/a	FOR LINE NUMBER: PAGE 80 OF 192				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	·			
	Detailed Summary Page	27	28a 28b	28c 29 30b		
Any information copied from such Reports and States						
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions fr	rom such committee.		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	חו					
Full Name (Last, First, Middle Initial)			Data of Dialous			
A. FIRST MERIT BANK			Date of Disbursem			
Mailing Address 295 FIRSTMERIT CIR			12 31	2015		
01						
City AKRON	State Zip Code OH 44307		Transaction ID:	SB21B.15703		
Purpose of Disbursement	11001					
BANK CHARGES		001	Amount of Each Di	isbursement this Period		
Candidate Name CONSERVATIVE MAJORITY FUN	חו	Category/		1688.00		
	ment For:	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
B. IMAGINE IT DESIGN LLC			Date of Disbursem	ent		
			M M / D D	/ Y Y Y Y Y		
Mailing Address 100 TEAL LANE #34			09 02 2015			
,	State Zip Code		Transaction ID :	SB21B.15674		
LAFAYETTE Purpose of Disbursement	LA 70507					
PAC DIRECT MAIL SOLICITATION		003	Amount of Each Di	isbursement this Period		
Candidate Name	ID.	Category/		2432.00		
CONSERVATIVE MAJORITY FUN Office Sought: House Disburser	ND ent For:	Туре	-	2402.00		
Senate Disburser	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT COL	חח		Date of Disbursem	ent		
C. INFOCISION MANAGEMENT CO	RP		M M / D D	/ Y Y Y Y Y		
Mailing Address 325 SPRINGSIDE DR			07 06	2015		
City	State Zip Code					
AKRON	OH 44333		Transaction ID :	SB21B.15705		
Purpose of Disbursement PAC DIRECT RESPONSE F/R	Purpose of Disbursement PAC DIRECT RESPONSE F/R					
Candidate Name		003	Amount of Each Di	isbursement this Period		
CONSERVATIVE MAJORITY FUI	ND	Category/ Type		5996.39		
	nent For:		,	,		
Senate President	Other (specify) —					
State: District:	Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional)		·····		10116.39		
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)	Hee concrete activities	FOR LINE NUMBER: PAGE 81 OF 192				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)			
	Detailed Summary Page	27	28a 28b	28c 29 30b		
Any information copied from such Reports and Staten						
or for commercial purposes, other than using the nam	e and address of any politic	al committee to	solicit contributions	from such committee.		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	D					
CONSERVATIVE MAJORITY FUN	U					
Full Name (Last, First, Middle Initial)						
A. INFOCISION MANAGEMENT COF	RP		Date of Disburser			
Mailing Address 325 SPRINGSIDE DR			07 14			
City S AKRON	State Zip Code OH 44333		Transaction ID :	SB21B.15706		
Purpose of Disbursement	44555					
PAC DIRECT RESPONSE F/R		003	Amount of Each [Disbursement this Period		
Candidate Name CONSERVATIVE MAJORITY FUN	n	Category/		1223.11		
Office Sought: House Disbursen		Туре				
	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) B. INFOCISION MANAGEMENT COP	8P		Date of Disburser	nent		
	VI		M = M / D = I) / Y Y Y Y Y		
Mailing Address 325 SPRINGSIDE DR			07 20	2015		
•	State Zip Code		Transaction ID :	SB21B.15707		
AKRON Purpose of Disbursement	OH 44333					
PÁC DIRECT RESPONSE F/R		003	Amount of Each [Disbursement this Period		
Candidate Name	D	Category/		731.78		
CONSERVATIVE MAJORITY FUN Office Sought: House Disbursen		Туре		, , , , , ,		
	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT COF	חח		Date of Disburser	nent		
- INFOCISION MANAGEMENT COR	(P		M M / D I			
Mailing Address 325 SPRINGSIDE DR			07 27			
City	State Zip Code					
	OH 44333		Transaction ID :	SB21B.15708		
Purpose of Disbursement PAC DIRECT RESPONSE F/R						
Candidate Name		003	Amount of Each [Disbursement this Period		
CONSERVATIVE MAJORITY FUN	ID	Category/ Type		304.48		
Office Sought: House Disbursen	nent For:					
	Primary General					
State: District:	Other (specify) ▼					
2.55						
SUBTOTAL of Disbursements This Page (optional)				2259.37		
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 82 OF 192				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)			
	Detailed Summary Page	X 21b 27		3 24 25 26 8b 28c 29 30b		
Any information conied from such Deposits and Chaten	aonto mov not be cald as					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	<u> </u>					
CONSERVATIVE MAJORITY FUN	D					
/						
Full Name (Last, First, Middle Initial)	. D		Date of Disb	uroomont		
A. INFOCISION MANAGEMENT COP	KP .		M M /	D D / Y Y Y Y		
Mailing Address 325 SPRINGSIDE DR			08	12 2015		
•	State Zip Code		Transaction	n ID : SB21B.15709		
AKRON Purpose of Disbursement	OH 44333					
PAC DIRECT RESPONSE F/R		003	Amount of Ea	ach Disbursement this Period		
Candidate Name						
CONSERVATIVE MAJORITY FUN	D	Category/ Type		307.47		
Office Sought: House Disburser	nent For:					
Senate	Primary General					
State: President State:	Other (specify) ▼					
Full Name (Last, First, Middle Initial) B. INFOCISION MANAGEMENT COI	DD.		Date of Disb	ursement		
- IN OCISION WANAGEMENT COI	XΓ		M = M /	D D / Y Y Y Y		
Mailing Address 325 SPRINGSIDE DR			08	19 2015		
,	State Zip Code OH 44333		Transaction	n ID : SB21B.15710		
AKRON Purpose of Disbursement	OH 44333					
PAC DIRECT RESPONSE F/R		003	Amount of Ea	ach Disbursement this Period		
Candidate Name		Category/		205.00		
CONSERVATIVE MAJORITY FUN	D	Туре		895.88		
Office Sought: House Disburser						
Senate President	Primary General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. INFOCISION MANAGEMENT COP	₹P		Date of Disb	ursement		
	··		M = M /	D D / Y Y Y Y		
Mailing Address 325 SPRINGSIDE DR			08	25 2015		
City	State Zip Code					
	OH 44333		Transaction	n ID : SB21B.15711		
Purpose of Disbursement						
PAC DIRECT RESPONSE F/R		003	Amount of Ea	ach Disbursement this Period		
Candidate Name	ID.	Category/		14018.79		
CONSERVATIVE MAJORITY FUN		Туре		11010.10		
Office Sought: House Disburser Senate	Primary General					
President	Other (specify)					
State: District:	、 ,					
<u> </u>						
SUBTOTAL of Disbursements This Page (optional)				15222.14		
		·				
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)	Harrison I. J. C.	FOR LINE	NUMBER:	PAGE 83 OF 192		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		2		
	Detailed Summary Page	X 21b 27		3 24 25 26 8b 28c 29 30b		
Any information copied from such Reports and Statem	ents may not be sold or us					
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
$ \; angle$ CONSERVATIVE MAJORITY FUN	D					
Full Name (Last Eirst Middle Initial)		i				
Full Name (Last, First, Middle Initial) A. INFOCISION MANAGEMENT COR)D		Date of Disbu	ursement		
IN OCIGION WANAGEMENT COR	XI			D D / Y Y Y Y		
Mailing Address 325 SPRINGSIDE DR			09	03 2015		
0.1	7. 0.					
•	itate Zip Code OH 44333		Transaction	n ID : SB21B.15712		
Purpose of Disbursement						
PAC DIRECT RESPONSE F/R		003	Amount of Ea	ach Disbursement this Period		
Candidate Name	_	Category/		4046.22		
CONSERVATIVE MAJORITY FUN		Type		4846.32		
Office Sought: House Disburser Senate						
	Primary General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
B. INFOCISION MANAGEMENT COF	₹P		Date of Disbu	ursement		
				D D / Y Y Y Y		
Mailing Address 325 SPRINGSIDE DR			09	17 2015		
City	tate Zip Code					
	OH 44333		Transaction	n ID : SB21B.15714		
Purpose of Disbursement PAC DIRECT RESPONSE F/R						
		003	Amount of Ea	ach Disbursement this Period		
CONSERVATIVE MAJORITY FUN	n	Category/ Type		5080.49		
Office Sought: House Disbursem		туре				
	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)	_		D. I. (D) (
C. INFOCISION MANAGEMENT COR	KP .		Date of Disbu			
Mailing Address 325 SPRINGSIDE DR			09	24 2015		
			النتا			
•	tate Zip Code		Transaction	n ID : SB21B.15715		
AKRON Purpose of Disbursement	OH 44333					
PAC DIRECT RESPONSE F/R		003	Amount of Ed	ach Disbursement this Period		
Candidate Name		Category/	Amount of La	acii Disbuisement this Penou		
CONSERVATIVE MAJORITY FUN	D	Type		12546.23		
Office Sought: House Disbursem						
	Primary General					
State: District:	Other (specify) ▼					
State. District.						
SUBTOTAL of Disbursements This Page (optional)				22473.04		
CODITION OF DISSURDING THIS T AGO (OPHONAI)			7			
TOTAL This Period (last page this line number only).						

SCHEDULE B (FEC Form 3X)	Han annual collected (A)	FOR LINE	NUMBER:	PAGE 84 OF 192	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		2	
	Detailed Summary Page	X 21b 27	22 23 28a 25	3 24 25 26 8b 28c 29 30b	
Any information copied from such Reports and Statem	ents may not be sold or us				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
$ \; angle$ CONSERVATIVE MAJORITY FUN	D				
Full Name (Last, First, Middle Initial)					
A. INFOCISION MANAGEMENT COR	P.		Date of Disbu	ursement	
	\		M = M /	D D / Y Y Y Y Y	
Mailing Address 325 SPRINGSIDE DR			10 05 2		
City	tate Zip Code				
	OH 44333		Transaction	ID : SB21B.15716	
Purpose of Disbursement					
PAC DIRECT RESPONSE F/R		003	Amount of Ea	ach Disbursement this Period	
CONSERVATIVE MAJORITY FUN	_	Category/		363.52	
Office Sought: House Disbursem		Туре	7		
	Primary General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)	ND.		Data of Dick	uraamant	
B. INFOCISION MANAGEMENT COF	(P		Date of Disbu		
Mailing Address 325 SPRINGSIDE DR			10	21 2015	
,	tate Zip Code		Transaction	n ID : SB21B.15717	
AKRON Purpose of Disbursement	OH 44333				
PAC DIRECT RESPONSE F/R		003	Amount of Ea	ach Disbursement this Period	
Candidate Name	_	Category/		996.40	
CONSERVATIVE MAJORITY FUN		Туре		886.49	
Office Sought: House Disbursem					
	Primary General Other (specify) ▼				
State: District:	(op-on.)				
Full Name (Last, First, Middle Initial)					
C. INFOCISION MANAGEMENT COR	RP.		Date of Disbu	ursement	
Mailing Address 205 ODDINGS:55 DD				20 / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y	
Mailing Address 325 SPRINGSIDE DR			10	28 2015	
City	tate Zip Code		Transcation	ND - CD21D 45740	
AKRON	OH 44333		iransaction	n ID : SB21B.15718	
Purpose of Disbursement PAC DIRECT RESPONSE F/R		003			
Candidate Name			Amount of Ea	ach Disbursement this Period	
CONSERVATIVE MAJORITY FUN	D	Category/ Type		16142.00	
Office Sought: House Disbursem			1	7	
	Primary General				
	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				17392.01	
CODICIAL OF DISDUISEMENTS THIS Page (Optional)		<u> </u>	7		
TOTAL This Period (last page this line number only).					

SCHEDULE B (FEC Form 3X)	Llos conorate cohodula(a)	FOR LINE	-	PAGE 85 OF 192		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	24 25 26		
	Detailed Summary Page	27	28a 28b			
Any information copied from such Reports and Statem	ents may not be sold or use	ed by any perso	n for the purpose	of soliciting contributions		
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	_					
$ \hspace{.05cm} angle$ CONSERVATIVE MAJORITY FUN	D					
Full Name (Last, First, Middle Initial)						
A. INFOCISION MANAGEMENT COF	RP		Date of Disburs	sement		
Mailing Address 325 SPRINGSIDE DR			10 2015			
Maining Floor 525 Of KINGGIDE DIK			2010			
	state Zip Code		Transaction I	D : SB21B.15719		
AKRON Purpose of Disbursement	OH 44333					
PAC DIRECT RESPONSE F/R		003	Amount of Eac	h Disbursement this Period		
Candidate Name		Category/		11720.20		
CONSERVATIVE MAJORITY FUN		Type		11730.20		
Office Sought: House Disburser Senate	nent For: Primary General					
	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)						
B. STOUT RISIUS & ROSS CPAs			Date of Disburs			
Mailing Address 4000 TOWN CENTER			M M / D	21 2015		
20TH FL						
,	State Zip Code MI 48075		Transaction I	D : SB21B.15681		
SOUTHFIELD Purpose of Disbursement	MI 48075					
ACCOUNTING SERVICES		001	Amount of Eac	h Disbursement this Period		
Candidate Name	D .	Category/	8912.5			
CONSERVATIVE MAJORITY FUN Office Sought: House Disbursen		Туре	,	0012.00		
	Primary General					
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Data of Diah			
C. STRATEGIC CAMPAIGN GROUP			Date of Disburs	D / Y Y Y Y		
Mailing Address 191 MAIN STREET				09 2015		
SUITE 310						
,	State Zip Code MD 22203		Transaction I	D : SB21B.15682		
Purpose of Disbursement						
PAC DIRECT MAIL - POSTAGE REIMBURSEMEN	Γ	003	Amount of Eac	h Disbursement this Period		
CONSERVATIVE MAJORITY FUN	ID	Category/		1342.00		
Office Sought: House Disbursem		Туре				
	Primary General					
President	Other (specify) ▼					
State: District:						
CURTOTAL of Dishumananta This Box (set)				21984.70		
SUBTOTAL of Disbursements This Page (optional)		······				
TOTAL This Period (last page this line number only).			40	143783.13		

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 86 OF 192		
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the	s) (check only	one)			
	Detailed Summary Page		22 X 23 28b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
.	<u> </u>					
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)	and address of diffy por		25 Sommond			
CONSERVATIVE MAJORITY FUN	JD					
OUNGERVATIVE MAJORITY FUL	שוי					
Full Name (Last, First, Middle Initial)						
A. CONSERVATIVE MAJORITY SUF	PER FUND		Date of Disbursen	nent		
			M M / D I	O / YIYIYIY		
Mailing Address 2776 S ARLINGTON MILL DR #80	06		08 12	2015		
City	State Zip Code					
ARLINGTON	VA 22206		Transaction ID :	SB23.15693		
Purpose of Disbursement	- 22200					
CONTRIBUTION		011	Amount of Each [Disbursement this Period		
Candidate Name		Category/				
CONSERVATIVE MAJORITY SUF	PER FUND	Type	19.79			
Office Sought: House Disburse	ment For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)	DED ELIVE		Data of Diahams	nont		
B. CONSERVATIVE MAJORITY SUI	PEK FUND		Date of Disbursen			
Mailing Address 2776 S ARLINGTON MILL DR #8	06		09 01			
Maining Address 2110 S ARLINGTON WILL DR #8	00		00 01	2013		
City	State Zip Code		Transaction ID :	SB23 15604		
ARLINGTON	VA 22206		Transaction ID	JD23.13034		
Purpose of Disbursement CONTRIBUTION		244	Amazonia of E. J. S	Nahamaana and Hali Bulli I		
Candidate Name		011	Amount of Each I	Disbursement this Period		
CONSERVATIVE MAJORITY SUF	DEB ELIND	Category/	1	14.00		
	ment For:	Туре				
Senate Senate	Primary General					
President	Other (specify)					
State: District:	· · · · · · · · · · · · · · · · · · ·					
Full Name (Last, First, Middle Initial)						
C. CONSERVATIVE MAJORITY SUF	PER FUND		Date of Disbursen	nent		
			M M / D I			
Mailing Address 2776 S ARLINGTON MILL DR #80	06		10 02	2015		
City	State 7in Codo					
City ARLINGTON	State Zip Code VA 22206		Transaction ID :	SB23.15695		
Purpose of Disbursement						
CÖNTRIBUTION		011	Amount of Each D	Disbursement this Period		
Candidate Name		Category/				
CONSERVATIVE MAJORITY SUI		Type	7	14.00		
	ment For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
				47.70		
SUBTOTAL of Disbursements This Page (optional)		••••••		47.79		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Llee concrete selectivity	FOR LINE		PAGE 87 OF 192		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) 21b 22 X 23 24		24 25 26		
	Detailed Summary Page	27	22 X 23 28b	$ \begin{array}{c cccc} 24 & 25 & 26 \\ 28c & 29 & 30 \end{array} $		
Any information copied from such Reports and Statem						
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	D					
CONSERVATIVE MAJORITY FUN	ט					
Full Name (Last, First, Middle Initial)						
A. CONSERVATIVE MAJORITY SUP	ER FUND		Date of Disburseme			
Mailing Address 2776 S ARLINGTON MILL DR #806	 S		11 05 2015			
•	State Zip Code VA 22206		Transaction ID : S	B23.15696		
Purpose of Disbursement	22200					
CONTRIBUTION		011	Amount of Each Dis	sbursement this Period		
CANCED VATIVE MA IODITY CLID	ED ELIND	Category/		14.00		
CONSERVATIVE MAJORITY SUP Office Sought: House Disbursen		Туре	7	7		
	Primary General					
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) B.			Date of Disburseme	ent		
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Mailing Address				l L		
City	State Zip Code					
Only	tiale Zip Gode					
Purpose of Disbursement		Amount of Each Dishuraement this Boy				
Candidate Name			Amount of Each Disbursement this Period			
candidate Name		Category/ Type				
Office Sought: House Disbursem	nent For:					
	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C.			Date of Disburseme	ent		
Mailing Address			M = M / D = D	/		
Mailing Address						
City	state Zip Code					
Purpose of Disbursement						
. 4.,5000 0. 2.004.00			Amount of Each Dis	sbursement this Period		
Candidate Name		Category/				
Office Sought: House Disbursem		Type	7	7		
	Primary General					
	Other (specify) ▼					
State: District:						
				14.00		
SUBTOTAL of Disbursements This Page (optional)		······•		14.00		
TOTAL This Period (last page this line number only).				61.79		

SCHEDULE B (FEC Form 3X)	Hoe concrete selectivity	FOR LINE		PAGE 88 OF 192		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c 29 30		
Any information copied from such Reports and Staten			on for the purpose of			
or for commercial purposes, other than using the nam	ne and address of any politic	cal committee to	solicit contributions	from such committee.		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	ID					
Full Name (Last, First, Middle Initial)			_			
^{A.} MS LAUNA K FRABLE 182			Date of Disburse			
Mailing Address 2241 INDIAN HL RD			09 08 2015			
LEHIGHTON	State Zip Code PA 18235		Transaction ID	: SB28A.15884		
Purpose of Disbursement CONTRIBUTION REFUND		010	Amount of Each	Disbursement this Period		
Candidate Name CONSERVATIVE MAJORITY FUN	D	Category/ Type		250.00		
President	nent For: Primary General Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
B.			Date of Disburse			
Mailing Address			M = M / D =	D / Y Y Y Y		
City	State Zip Code					
Purpose of Disbursement		· · ·	Amount of Each	Disbursement this Period		
Candidate Name		Category/ Type				
President	nent For: Primary General Other (specify)	Nr	,			
State: District: Full Name (Last, First, Middle Initial)						
C.			Date of Disburse			
Mailing Address	Mailing Address					
City	State Zip Code					
Purpose of Disbursement				_		
Candidate Name		Category/ Type		Disbursement this Period		
	nent For: Primary General Other (specify)					
				250.00		
SUBTOTAL of Disbursements This Page (optional)		·····•		230.00		
TOTAL This Period (last page this line number only)				250.00		

SCHEDULE B (FEC Form 3X)	Han name to the	\	FOR LINE I	NUMBER:	PAGE 89 OF 192
ITEMIZED DISBURSEMENTS	Use separate scho for each category		(check only		
	Detailed Summary		21b 27	22 28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Staten			by any perso	on for the pur	rpose of soliciting contributions
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	ID.				
CONSERVATIVE MAJORITY FUN	טו				
Full Name (Last, First, Middle Initial)					
A. MC SWEENEY CYNKAR & KACH	OUROFF PLL	.C		Date of Di	isbursement
Molling Address company				M M /	00 / Y Y Y Y Y
Mailing Address 3358 JOHN TREE HILL RD				09	09 2015
City	State Zip Coo	de		Ter:	ion ID - SD00 45070
POWHATAN	VA 23139			ıransact	tion ID : SB29.15676
Purpose of Disbursement LEGAL SETTLEMENT		Tr	001	Amount -	Each Disbursement this Period
Candidate Name		L		AMOUNT OF	Laon Dispuisement this Period
CONSERVATIVE MAJORITY FUN	D	'	Category/ Type		5000.00
Office Sought: House Disburser			-		
Senate	,	eneral			
President State: District:	Other (specify)				
State: District: Full Name (Last, First, Middle Initial)					
B. MC SWEENEY CYNKAR & KACH	OUROFF PLI	.C		Date of Di	isbursement
				M M /	D D / Y Y Y Y
Mailing Address 3358 JOHN TREE HILL RD				10	13 2015
City	State				
City S POWHATAN	State Zip Coo VA 23139			Transact	tion ID : SB29.15677
Purpose of Disbursement	20109				
LEGAL SETTLEMENT			001	Amount of	Each Disbursement this Period
CONSEDVATIVE MA IODITY FUN			Category/		1600.00
CONSERVATIVE MAJORITY FUN Office Sought: House Disbursen			Туре		.000.00
		eneral			
	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)					
C. MC SWEENEY CYNKAR & KACH	OUROFF PLL	.C			isbursement
Mailing Address 3358 JOHN TREE HILL RD				11	06 2015
5 - 1 - 200 GOTHA TIVE THEE KD					
	State Zip Coo	de		Transact	tion ID : SB29.15678
POWHATAN Purpose of Disbursement	VA 23139				- 2 -1 -
LEGAL SETTLEMENT		Г	001	Amount of	Each Disbursement this Period
Candidate Name		— L	Category/	Amount of	
CONSERVATIVE MAJORITY FUN			Type		5000.00
Office Sought: House Disburser					
Senate President	,	eneral			
State: District:	Other (specify) ▼				
District.					
SUBTOTAL of Disbursements This Page (optional)					11600.00
					
TOTAL This Period (last page this line number only)				1	11600.00

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 90 OF 192
FOR LINE 13 OF FORM 3X

ME OF COMMITTEE (I. F. II)		Botanoa Garrinar	
ME OF COMMITTEE (In Full)	INID		Transaction ID : SC/10.4194
ONSERVATIVE MAJORITY FL	טאט		
LOAN SOURCE Full Name (Last, First,	Middle Initial)		Election:
SCOTT B MACKENZIE			Primary
			General
Mailing Address 2776 S ARLINGTON MILL	. DRIVE		Other (specify) ▼
City ADLINGTON	State VA ZI	P Code 22206	
City ARLINGTON			Palaman Outstanding at Olass of This Page
Original Amount of Loan	Cumulative Payme	nt to Date	Balance Outstanding at Close of This Period
800.00		0.00	800.00
TERMS	_		
Date Incurred	Date	Due Interes	st Rate Secured:
03 09 2015	, , , , , , ,	UPON REQUEST	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		A	
City State	ZIP Code	Amount Guaranteed	
3.1,	5545	Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
3			
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	7 7 7 7
BTOTALS This Period This Page (options	al)		800.00
	,		
TALS This Period (last page in this line of	only)	·····	800.00
arry outstanding balance only to LINE 3,	Schedule D, for this lir	ne. If no Schedule D, carr	ry forward to appropriate line of Summary.

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

		PAGE 91						
		FOR LINE	24 OF FORM 3X					
	FEC	_	TION NUMBER ▼					
	C	C00524454						
on	/ = М	/ D = D	/ Y = Y = Y					
Date	of Pub	olic Distributio	n/Dissemination					
	11	16	2015					
Amou	ınt							
	-		773.30					
Date	of Disl	ID: SE.10649 bursement or						
	11	16	2015					
Sough	 nt:	House	District:00					
Presid	ent	Senate	State: AL					
semer	nt For:	Prima						
	Other (specify) ▶						
Date	of Pub	olic Distributio	on/Dissemination					
	11	16	2015					
Amou	unt							
			112.40					
Transa	action	ID : SE.1065						
Transaction ID : SE.10652 Date of Disbursement or Obligation								
Date			/					
		16	2015					
	м = м 11		2015 District:00					
	11 ht:	16	00					
Sough	11 ht:	House Senate	District: 00 State: AK					
Sough	11 ht: lent nt For:	House Senate Prima	District: 00 State: AK					
Sough	11 ht: lent nt For:	House Senate	District: 00 State: AK					
Sough	11 ht: lent nt For:	House Senate Prima	District: 00 State: AK ary General					
Sough	11 ht: lent nt For:	House Senate Prima	District:00					
Sough	11 ht: lent nt For:	House Senate Prima	District: 00 State: AK ary General					
Sough	11 ht: lent nt For:	House Senate Prima	District: 00 State: AK ary General					
Sough	11 ht: lent nt For:	House Senate Prima	District: 00 State: AK ary General					
Sough	11 ht: lent nt For:	House Senate Prima Specify) ▶	District: 00 State: AK ary General					

CONSERVATIVE MAJORITY FUND Check if 24-hour report 48-hour report New report Amends report filed Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR City State Zip Code ОН **AKRON** 44333 Purpose of Expenditure Category/ **VOTER CONTACT** 004 Type Name of Federal Candidate Support Office HILLARY CLINTON X Oppose Disbu Calendar Year-To-Date 2016 0.00 Per Election for Office Sought Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR City State Zip Code **AKRON** ОН 44333 Purpose of Expenditure Category/ **VOTER CONTACT** 004 Type Name of Federal Candidate Offic Support HILLARY CLINTON Oppose X Disbu Calendar Year-To-Date 0.00 2016 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature

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	CHEDULE E (FEC Form 3X)		
TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 92 OF 192 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
С	CONSERVATIVE MAJORITY FUND		C C00524454
Ch	heck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
	[MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		11 16 2015
	323 SI KINGGIDE DIK		Amount
	City State AKRON OH	Zip Code 44333	Transaction ID : SE.10653
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation 11 16 2015
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	Support Oppose	Mouse District: 00 House District: 00 AZ AZ
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination 11 16 2015
	Mailing Address 325 SPRINGSIDE DR		Amount
	City State	Zip Code	468.64
	AKRON OH	44333	Transaction ID : SE.10654 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 16 2015
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		0.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
_	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE		M M / D D / Y Y Y

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SCHEDULE E (FEC Form 3X)

TEI	MIZED INDEPENDENT EXPENDITURES				PAGE 93 OF 192 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
C	ONSERVATIVE MAJORITY FUND				C C00524454
Che	ck if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR City State AKRON OH Purpose of Expenditure VOTER CONTACT Name of Federal Candidate HILLARY CLINTON		Zip Code 44333 Category/ Type 004 Support Oppose	Office So	resident Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburse 2016	ement For: Primary X General Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR City State AKRON OH Purpose of Expenditure	!	Zip Code 44333	A Tra	Date of Public Distribution/Dissemination 11 16 2015 Amount 817.71 ansaction ID : SE.10656 Date of Disbursement or Obligation
	VOTER CONTACT		Type 004		11 16 2015
	Name of Federal Candidate HILLARY CLINTON		Support Oppose	Office S	resident Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought		0.00	-	ement For: Primary X General Other (specify) ▶
(1	a) SUBTOTAL of Itemized Independent Expenditures b) SUBTOTAL of Unitemized Independent Expenditures c) TOTAL Independent Expenditures				0.00
W	nder penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.		•		
	SCOTT B MACKENZIE	[Electron	nically Filed]	M = M 01	/ DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	S				PAGE 94	OF 192
NAME OF COMMITTEE (In Full)						4 OF FORM 3X
CONSERVATIVE MAJORITY FUND)					N NUMBER ▼
				С	00524454	
Check if 24-hour report 48-hour report	New rep	port Amends repo		1 - M /	D D /	Y = Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP						Dissemination
[MEMO ITEM]				11 /	16	2015
Mailing Address 325 SPRINGSIDE DR			Amou	ınt		
City	State	Zip Code	$-\Gamma$			584.33
AKRON	ОН	44333			: SE.10657 sement or O	bligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 /	16	2015
Name of Federal Candidate		Support	Office Sough	nt:	House [District: 00
HILLARY CLINTON		X Oppose	X Preside	ent	Senate	State: CT
Calendar Year-To-Date Per Election for Office Sought	2	0.00	Disbursemen 2016	L	Primary	X General
Full Name of Payee	,			of Public		Dissemination
INFOCISION MANAGEMENT COR	.P			M M /	Distribution/1	2015
Mailing Address 325 SPRINGSIDE DR			Amou			
	21.1-	=: 0 t-				447.70
City AKRON	State OH	Zip Code 44333			: SE.10658 rsement or O	147.79
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		of Disbur	16	bilgation 2015
Name of Federal Candidate		Support	Office Sough	nt.	House [District: 00
HILLARY CLINTON		Support Oppose	X Presid		Senate	State: DE
Calendar Year-To-Date			Disbursemer		Primary	General
Per Election for Office Sought		0.00	2016 C	Other (spe	ecify) ►	
(a) SUBTOTAL of Itemized Independent Expenditu	ıres					0.00
				7	7	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·· •	7	-	
(c) TOTAL Independent Expenditures			>	7	-7-	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized	•				
SCOTT B MACKENZIE	[Electro	nically Filed] Date	e 01 /	20	/ Y Y 2016	Y Y
Cianatura			·			

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE FOR L		OF 192 F FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND				FEC IDENTIF		NUMBER ▼
Check if 24-hour report 48-hour report	New repo	ort Amends repor		* M / D *	D / Y	Y
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR				of Public Distril	D / Y	semination 2015
	State OH	Zip Code 44333		ction ID : SE.1		3169.08
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		of Disbursemer	D / Y	2015
Name of Federal Candidate HILLARY CLINTON		Support Oppose	Office Sough	ent Sen	ate Sta	rict: 00 ate: FL
Calendar Year-To-Date Per Election for Office Sought	, , ,	0.00	Disbursemen 2016 O	t For: P		X General
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR				of Public Distri	D / Y	semination Y Y 2015
City AKRON	State OH	Zip Code 44333		ction ID : SE.1		1541.16 gation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 / 16	D / Y	2015
Name of Federal Candidate HILLARY CLINTON		Support Oppose	Office Sough			ate: GA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	0.00	Disbursemer 2016	t For: P	rimary •	X General
(a) SUBTOTAL of Itemized Independent Expenditures	\$		· [1-7-1-1	7	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· [7	7	
(c) TOTAL Independent Expenditures			•		7	-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its accordance.	e or authorized					
SCOTT B MACKENZIE	[Electroni	ically Filed]	M M /	20 / Y	2016	Υ

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SCOTT B MACKENZIE

Signature

	CHEDULE E (FEC Form 3X)				
	EMIZED INDEPENDENT EXPENDITURES				PAGE 96 OF 192
	AME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			F	EC IDENTIFICATION NUMBER ▼
	CONSERVATIVE WASORTT TOND				C00524454
Ch	neck if 24-hour report 48-hour report New	w report	Amends repo	rt filed on	M / D = D / Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT CORP			Date of	
	Mailing Address 325 SPRINGSIDE DR			Amount	10 2013
	City	Zin	Codo		225.16
	City State AKRON OH		Code 333		on ID : SE.10661 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Ca	ategory/ Type 004	M 11	M / D D / Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY CLINTON		X Oppose	President	Tiodae District.
	Calendar Year-To-Date Per Election for Office Sought	,	0.00	Disbursement F 2016 Othe	or: Primary X General er (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR				Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State AKRON OH		Code 333	I	243.39 on ID : SE.10662
	Purpose of Expenditure VOTER CONTACT	Ca	ategory/ Type 004	Date of	
	Name of Federal Candidate			0.00	House District: 00
	HILLARY CLINTON		Support	Office Sought:	
	THEEART GEHATON		X Oppose	X President	Senate State: ID
	Calendar Year-To-Date Per Election for Office Sought	,	0.00	Disbursement F 2016 Othe	For: Primary X General er (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures				0.00
					7 7 7
	(b) SUBTOTAL of Unitemized Independent Expenditures			•	4
	(c) TOTAL Independent Expenditures			.	7 1 7 1 7
	Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.				

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SCHEDULE E (FEC Form 3)			
TEMIZED INDEPENDENT EXPEND	HIURES		PAGE 97 OF 192 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY	FUND		C C00524454
Check if 24-hour report 48-hour	report New repo	ort Amends rep	port filed on Man / Dad / Yayayay
Full Name of Payee INFOCISION MANAGEMENT O	:ORP		Date of Public Distribution/Dissemination
[MEMO ITEM]			11 / 16 / 2015
Mailing Address 325 SPRINGSIDE DR			Amount
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10663
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 1 11 16 2015
Name of Federal Candidate		Support	Office Sought: House District: 00
HILLARY CLINTON		X Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: Primary
Full Name of Payee INFOCISION MANAGEMEN [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	T CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
O'the	01-1-	7'- O- d-	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10664 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
HILLARY CLINTON		X Oppose	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: Primary General 2016
(a) SUBTOTAL of Itemized Independent	Expenditures		• 0.00
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		
(c) TOTAL Independent Expenditures			···· >
	any candidate or authorized		e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
SCOTT B MACKENZIE			M M / D D / Y Y Y Y

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 98 OF 192 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR City State Zip Code AKRON OH 44333 Purpose of Expenditure VOTER CONTACT Category/ Type 004 Name of Federal Candidate HILLARY CLINTON Calendar Year-To-Date Disburser	sident Senate State: IA
INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR City State Zip Code AKRON OH 44333 Trar	Other (specify) ate of Public Distribution/Dissemination 11 16 / 2015 mount 451.77 nsaction ID : SE.10666 ate of Disbursement or Obligation
Name of Federal Candidate HILLARY CLINTON Calendar Year-To-Date Per Election for Office Sought Office Sou Pres Office Sou Disbursen 2016	esident Senate State: KS
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date 01	20 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y

	HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES					PAGE 99 FOR LINE 24	OF 192 FOF FORM 3X
NAI	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATIO	N NUMBER ▼
С	ONSERVATIVE MAJORITY FUND				С	C00524454	
Che	eck if 24-hour report 48-hour report New	w report	Amends repo	ort filed or	M = M /	D D /	Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR				Date of Public 11	Distribution/E	Dissemination 2015
	City State AKRON OH		p Code 4333		ansaction ID	: SE.10667 ursement or O	704.46
-	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		M M M 11	16	2015
ľ	Name of Federal Candidate		Support	Office S	ought:	House D	District: 00
	HILLARY CLINTON		X Oppose		resident	Senate	State: KY
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburse 2016	ement For: Other (sp	Primary Decify) ▶	X General
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR				11 Amount	c Distribution/[2015
	0.1			r			707.00
	City State AKRON OH		ip Code .4333	I .		D: SE.10668 ursement or O	727.23
ľ	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11	16	2015
ŀ	Name of Federal Candidate		Support	Office S	Soriapt.	House [District: 00
	HILLARY CLINTON		Oppose		resident	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	,	0.00	Disburse 2016	ement For: Other (sp	Primary Decify) ▶	X General
	(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures					7	0.00
(c) TOTAL Independent Expenditures			• [1 1 4	7	-
٧	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.						
	SCOTT B MACKENZIE			IV V	/ D D	/ ٧ ٧	V V

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SCOTT B MACKENZIE

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 100 OF 192 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND		
		C C00524454
Check if 24-hour report 48-hour report New	report Amends repo	ort filed on
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination 11 16 2015 Amount
City State	Zip Code	222.79
AKRON OH	44333	Transaction ID : SE.10669 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 16 2015
Name of Federal Candidate	Support	Office Sought: House District: 00
HILLARY CLINTON	Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M
City State	Zip Code	942.88
AKRON OH	44333	Transaction ID : SE.10670 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
HILLARY CLINTON	Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures		0.00
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 101 FOR LINE	OF 192 24 OF FORM 3X
FEC II	DENTIFICATI	ION NUMBER ▼
С	C00524454	
M = M	/ D D /	Y Y Y Y Y
ate of Publi	ic Distribution	n/Dissemination
11	16	2015
mount		
		1090.33
	D: SE.10671 ursement or	Obligation
11 11	16	2015
ought:	House	District:00
esident	Senate	State: MA
ment For:	Primar	y X General
Other (s	pecify) ►	
ate of Publ	ic Distribution	n/Dissemination
11	16	2015
mount		
		1594.81
7	D : SE.10672	
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ought: esident mement For: Other (s	House Senate Primar pecify)	2015 District: 00 State: MI y General
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ought: resident ement For: Other (s	House Senate Primar pecify)	District: 00 State: MI y General

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND Check if 24-hour report 48-hour report New report Amends report filed or Full Name of Payee D INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR State Zip Code City ОН **AKRON** 44333 Tr Purpose of Expenditure Category/ **VOTER CONTACT** 004 Type Name of Federal Candidate Support Office S HILLARY CLINTON Oppose Disburse Calendar Year-To-Date 2016 0.00 Per Election for Office Sought Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR City State Zip Code **AKRON** ОН 44333 TrPurpose of Expenditure Category/ **VOTER CONTACT** 004 Type Name of Federal Candidate Office S Support HILLARY CLINTON Oppose XP Disburs Calendar Year-To-Date 0.00 2016 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature

NAME OF COMMITTEE (In Full)

Full Name of Payee

Purpose of Expenditure

Name of Federal Candidate

Calendar Year-To-Date

Per Election for Office Sought

INFOCISION MANAGEMENT CORP

325 SPRINGSIDE DR

(a) SUBTOTAL of Itemized Independent Expenditures.....

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

VOTER CONTACT

HILLARY CLINTON

Full Name of Payee

Purpose of Expenditure

Name of Federal Candidate

Calendar Year-To-Date

Per Election for Office Sought

VOTER CONTACT

HILLARY CLINTON

[MEMO ITEM] Mailing Address

City

AKRON

[MEMO ITEM] Mailing Address

24-hour report

Check if

City

AKRON

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

CONSERVATIVE MAJORITY FUND

INFOCISION MANAGEMENT CORP

325 SPRINGSIDE DR

48-hour report

New report

Zip Code

Category/

Type

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Zip Code

Category/

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44333

44333

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	PAGE 102 OF 192
	FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00524454
Amends report file	d on M M / D D / Y Y Y Y Y Y
	Date of Public Distribution/Dissemination
	11 16 2015
	Amount
	855.71
	Transaction ID : SE.10673 Date of Disbursement or Obligation
y/ oe 004	11 16 / 2015
Support Office	ce Sought: House District: 00
Oppose	President Senate State: MN
.00 Disk	oursement For: Primary X General Other (specify) ▶
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	Date of Public Distribution/Dissemination 11 16 2015
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	Amount 468.80 Transaction ID: SE.10674 Date of Disbursement or Obligation
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Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE	[Electronically Filed]	Date	01	/ 20	2016
Signature					-

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES						PAGE 103 FOR LINE 2	OF 192 24 OF FORM 3X
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION	ON NUMBER ▼
C	CONSERVATIVE MAJORITY FUND					C	C00524454	
Ch	eck if 24-hour report 48-hour report	New repo	ort Amend	s repor	t filed on	M = M /	D D /	Y Y Y Y Y Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CORP				Date	of Public	Distribution/	Dissemination
	[MEMO ITEM] Mailing Address 325 SPRINGSIDE DR				Amo	11 ount	16	2015
	City AKRON	State OH	Zip Code 44333		Trans	saction ID	: SE.10675	967.48
	Purpose of Expenditure		Category/		Date	of Disbu	rsement or C	Obligation
	VOTER CONTACT		Type	004		11	16	2015
	Name of Federal Candidate		Supp	ort	Office Sou	ght:	House	District: 00
	HILLARY CLINTON		Х Орро	ose	X Presi	dent	Senate	State: MO
	Calendar Year-To-Date Per Election for Office Sought		0.00]	Disburseme 2016	ent For: Other (sp	Primary ecify) ▶	General
	Full Name of Payee				Date	e of Public	Distribution	/Dissemination
	INFOCISION MANAGEMENT CORP [MEMO ITEM]					M = M /	16	2015
	Mailing Address 325 SPRINGSIDE DR				Amo	ount		
	City	State	Zip Code		-			163.23
	AKRON	ОН	44333		I		: SE.10676 Irsement or (Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type	004		11	16	2015
	Name of Federal Candidate		Supp	oort	Office Sou	ght:	House	District:00
	HILLARY CLINTON		X Oppo	ose	X Pres	ident	Senate	State: MT
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	0.00]	Disburseme 2016	ent For: Other (sp	Primary ecify) ►	General
	(a) SUBTOTAL of Itemized Independent Expenditures				-	-	7	0.00
	(b) SUBTOTAL of Unitemized Independent Expenditure	res			▶ □			
	(c) TOTAL Independent Expenditures				•			
	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized						
	SCOTT B MACKENZIE	[Electron	ically Filed]	Б.	M M	/ 0 0	/ Y Y	Y Y
	Signature	LERCHON	_	Date	01	20	201	0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURE

	DITURES		PAGE 104 OF 192 FOR LINE 24 OF FORM 3)
E OF COMMITTEE (In Full) NSERVATIVE MAJORITY	/ FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
k if 24-hour report 48-hour	report New	report Amends report	M = M / D = D / Y = Y = Y = Y
full Name of Payee	CORP		Date of Public Distribution/Dissemination
[MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	:		11 16 2015 Amount
Dity KRON	State OH	Zip Code 44333	290.88 Transaction ID : SE.10677
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 11 16 2015
lame of Federal Candidate		Support C	Office Sought: House District: 00 President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary General Other (specify) ▶
Full Name of Payee INFOCISION MANAGEMEN [MEMO ITEM] Asiling Address			Date of Public Distribution/Dissemination 11
325 SPRINGSIDE DR			Amount
City	State OH	Zip Code	Amount 433.30 Transaction ID : SE.10678
City AKRON Purpose of Expenditure	State OH	44333 Category/	433.30
323 SPRINGSIDE DR		Category/ Type 004 Support 0	Transaction ID : SE.10678 Date of Disbursement or Obligation 11
City AKRON Purpose of Expenditure VOTER CONTACT Name of Federal Candidate		Category/ Type 004 Support Oppose	Transaction ID : SE.10678 Date of Disbursement or Obligation 11
Sity AKRON Purpose of Expenditure VOTER CONTACT Jame of Federal Candidate HILLARY CLINTON Calendar Year-To-Date	OH	Category/ Type 004 Support Oppose 0.00	Transaction ID: SE.10678 Date of Disbursement or Obligation M 11
Sity AKRON Turpose of Expenditure /OTER CONTACT Iame of Federal Candidate HILLARY CLINTON Calendar Year-To-Date Per Election for Office Sought	OH Expenditures	Category/ Type 004 Support Oppose 0.00	Transaction ID: SE.10678 Date of Disbursement or Obligation M 11

Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it

SCOTT B MACKENZIE	[Electronically Filed]	Date	01 /	20	2016
Signature					

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	CHEDULE E (FEC Form 3 EMIZED INDEPENDENT EXPEN				D105 405 05 400		
116	EMIZED INDEPENDENT EXPEN	DITURES			PAGE 105 OF 192 FOR LINE 24 OF FORM 3X		
NA	ME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼		
С	ONSERVATIVE MAJORITY	′ FUND			C C00524454		
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y		
	Full Name of Payee			Date of	Public Distribution/Dissemination		
	INFOCISION MANAGEMENT	CORP		M			
	[MEMO ITEM] Mailing Address			1	1 16 2015		
	325 SPRINGSIDE DR			Amount			
	City	State	Zip Code	- [-	218.43		
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	Purpose of Expenditure		Category/		M / D D / Y Y Y Y		
	VOTER CONTACT		Type 004				
	Name of Federal Candidate		Support	Office Sought:	House District:00		
	HILLARY CLINTON		Oppose	X Presiden	t Senate State: NH		
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement 2016 Oth	For: Primary General		
	Full Name of Payee	_		Date of	Public Distribution/Dissemination		
	INFOCISION MANAGEMEN	INFOCISION MANAGEMENT CORP			M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 325 SPRINGSIDE DR			Amount			
				Amount			
	City	State	Zip Code		1426.07		
	AKRON	ОН	44333		tion ID: SE.10680 Disbursement or Obligation		
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	М	1 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate		Support	Office Sought:	House District:00		
	HILLARY CLINTON		Oppose	X Presiden			
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement 2016 Oth	For: Primary X General er (specify) ►		
	(a) SUBTOTAL of Itemized Independent	Expenditures			0.00		
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		· []	7 7		
	(c) TOTAL Independent Expenditures						

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE	[Electronically Filed]	Date	01 /	20	2016
Signature					

NAME OF COMMITTEE (In Full)

Full Name of Payee

[MEMO ITEM] Mailing Address

24-hour report

Check if

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

CONSERVATIVE MAJORITY FUND

INFOCISION MANAGEMENT CORP

325 SPRINGSIDE DR

48-hour report

PAGE 106 OF 192 FOR LINE 24 OF FORM 3X						
FEC IDENTIFICATION NUMBER ▼						
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328.79 action ID : SE.10681						
of Disbursement or Obligation						
11 16 7 2015						
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ent Senate State: NM						
nt For: Primary X General						
Other (specify)						
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action ID : SE.10682 of Disbursement or Obligation						
11 16 / 2015						
ht: House District:00						
dent Senate State: NY						
nt For: Primary X General						
Other (specify)						
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State Zip Code City ОН **AKRON** 44333 Transa Date Purpose of Expenditure Category/ **VOTER CONTACT** 004 Type Name of Federal Candidate Support Office Sough HILLARY CLINTON Oppose X Presid Disbursemer Calendar Year-To-Date 2016 0.00 Per Election for Office Sought C Full Name of Payee Date INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR Amou City State Zip Code **AKRON** ОН 44333 Transa Date Purpose of Expenditure Category/ **VOTER CONTACT** 004 Type Name of Federal Candidate Support Office Soug HILLARY CLINTON Oppose X Presid Disburseme Calendar Year-To-Date 0.00 2016 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature FEC Schedule E (Form 3X) Rev. 09/2013

Amends report filed on

Date

Amou

New report

SCHEDULE E (FEC Form 3X)		
ITEMIZED INDEPENDENT EXPENDITURES		PAGE 107 OF 192 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND		C C00524454
Check if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
Full Name of Payee		Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP [MEMO ITEM]		11 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINGSIDE DR		Amount
City State	Zip Code	1550.30
AKRON OH	44333	Transaction ID : SE.10683 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 16 7 2015
Name of Federal Candidate	Support	Office Sought: House District: 00
HILLARY CLINTON	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: Primary General 2016
Full Name of Payee		Other (specify)
INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination 11 16 2015
Mailing Address 325 SPRINGSIDE DR		Amount
City State	Zip Code	112.09
AKRON OH	44333	Transaction ID : SE.10684 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 / 16 / 2015
Name of Federal Candidate	Support	Office Sought: House District:00
HILLARY CLINTON	X Oppose	President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: Primary ☐ General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		.)
(c) TOTAL Independent Expenditures)
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
SCOTT B MACKENZIE		M M / D D / Y Y Y Y

[Electronically Filed]

2016

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 108 OF 192 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
(CONSERVATIVE MAJORITY FUND		C C00524454
Cł	neck if 24-hour report 48-hour report New re	port Amends repo	ort filed on M M / D D / Y Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M 11
	City State AKRON OH	Zip Code 44333	Transaction ID : SE.10685
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation 11 16 2015
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	X Oppose	President Senate State: OH
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination 11
			200.70
	City State AKRON OH	Zip Code 44333	600.73 Transaction ID : SE.10686 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	Oppose	President Senate State: OK
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE		M M / D D / Y Y Y

[Electronically Filed]

2016

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NAME OF COMMITTEE (In Full)

Check if

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ME OF COMMITTEE (In Full) ONSERVATIVE MAJORITY ck if 24-hour report 48-hour	FUND		FOR LINE 24 OF FORM 3
	FUND		FEC IDENTIFICATION NUMBER
k if 24-hour report 48-hour			C C00524454
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Full Name of Payee INFOCISION MANAGEMENT (CORP		Date of Public Distribution/Dissemination
[MEMO ITEM] failing Address 325 SPRINGSIDE DR			11
Dity	State	Zip Code	632.86
AKRON	ОН	44333	Transaction ID : SE.10687 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	11 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
HILLARY CLINTON		X Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: Primary General 2016 Other (specify)
Full Name of Payee INFOCISION MANAGEMEN [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	IT CORP		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	2100.02
AKRON	OH	44333	Transaction ID : SE.10688 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
HILLARY CLINTON		X Oppose	☐ President ☐ Senate State: PA
Calendar Year-To-Date		0.00	Disbursement For: Primary

(c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its agei SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature

SCHEDULE E (FEC Form 3X)	DEC			PAGE 110 OF 192
TIEMIZED INDEFENDENT EXPENDITO	TILO			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FU	ND		C	C00524454
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Full Name of Payee			Date of F	Public Distribution/Dissemination
INFOCISION MANAGEMENT COR [MEMO ITEM] Mailing Address 205 CRRINGCIPE DR	P		M 11	
325 SPRINGSIDE DR			Amount	
City	State	Zip Code		174.99
AKRON	ОН	44333		on ID : SE.10689 Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M 11	
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY CLINTON		X Oppose	X President	Senate State: RI
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement F 2016 Othe	or: Primary
Full Name of Payee INFOCISION MANAGEMENT C [MEMO ITEM]	ORP		Date of	
Mailing Address 325 SPRINGSIDE DR			Amount	
City	State	Zip Code		757.11
AKRON	ОН	44333		on ID : SE.10690 Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M 11	
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY CLINTON		Oppose	X President	Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement F 2016 Othe	for: Primary X General or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	0.00
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(c) TOTAL Independent Expenditures			•	7.1.7.1.5.1
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize	•		

SCOTT B MACKENZIE [Electronically Filed] 20 2016 01 Date Signature

	PAGE 111 FOR LINE 2	OF 192 24 OF FORM 3X		
FEC ID	ENTIFICATI	ON NUMBER ▼		
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t:	House	District:00		
ent	Senate	State: TN		
For:	Primary	y X General		
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AME OF COMMITTEE # 5 "				TOTT EINE 24 OF TOTHWI 3X
AME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND				FEC IDENTIFICATION NUMBER ▼
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Full Name of Payee				Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address ACC SERVICE DE				11 16 2015
325 SPRINGSIDE DR				Amount
City	State	Zip Code		130.63
AKRON	ОН	44333	I	ransaction ID : SE.10691 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District:00
HILLARY CLINTON		X Oppose		President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought	7-1-1-2	0.00	Disburs 2016	sement For: Primary
Full Marra of Pausa				
Full Name of Payee INFOCISION MANAGEMENT COR IMEMO ITEM1	Р			Date of Public Distribution/Dissemination 11 16 2015
Mailing Address 325 SPRINGSIDE DR				Amount
City.	Obst-	Zin Ond-		1000.05
City AKRON	State OH	Zip Code 44333	1	1033.25 Transaction ID : SE.10692 Date of Diskursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		Date of Disbursement or Obligation 11 16 2015
Name of Federal Candidate		Cumant	Office	Sought: House District: 00
HILLARY CLINTON		Support Oppose		Sought: House District: 00 President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbur 2016	sement For: Primary X General
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(a) SUBTOTAL of Itemized Independent Expenditu	res			0.00
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
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(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized	•		•
SCOTT B MACKENZIE	[Electron	ically Filed]	M 01	M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	- 01	20 2010

PAGE 112 OF 192 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00524454
M / D = D / Y = Y = Y
of Public Distribution/Dissemination
11 / 16 / 2015
nt
3937.16
ction ID : SE.10693 of Disbursement or Obligation
11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
t: House District: 00
ent Senate State: TX
t For: Primary X General
ther (specify) ▶
of Public Distribution/Dissemination
11 16 2015
int
407.50 action ID : SE.10694 of Disbursement or Obligation
11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
nt: House District: 00
ent Senate State: UT
nt For: Primary X General
Other (specify)
Tarior (opcony)
0.00

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND	C C00524454
Check if 24-hour report 48-hour report New report Amends report filed of	on
	Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address are applicable applications.	11 16 / Y Y Y Y 1
1 3/5 SPKINGSIDE DK	Amount
City State Zip Code	3937.16
	ransaction ID : SE.10693 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 / 16 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
HILLARY CLINTON	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	sement For: Primary
Fill Name of Days	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination 11 16 2015
Mailing Address 325 SPRINGSIDE DR	Amount
	407.50
City State Zip Code AKRON OH 44333	407.50 Fransaction ID : SE.10694 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
LIII LADV CLINTON	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought Disburg 2016	sement For: Primary X General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	•
SCOTT B MACKENZIE [Electronically Filed] Data 01	M / 20 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature Date U1	2010

PAGE 113 OF 192 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00524454
of Public Distribution/Dissemination
11 16 / 2015
int
105.28
oction ID : SE.10695 of Disbursement or Obligation
11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
nt: House District: 00
ent Senate State: VT
nt For: Primary X General
Other (specify)
of Public Distribution/Dissemination
11 / 16 / 2015
ınt
1313.46
action ID : SE.10696 of Disbursement or Obligation
11 16 2015
nt: House District: 00
ent Senate State: VA
nt For: Primary X General
Other (specify)
0.00

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FE	EC IDENTIFICATION NUMBER ▼
CONCERVATIVE MACORITY FORD		C00524454
Check if 24-hour report 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP		Public Distribution/Dissemination
[MEMO ITEM]	M 11	
Mailing Address 325 SPRINGSIDE DR	Amount	
City State Zip	Code	105.28
AKRON OH 443		on ID: SE.10695 Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Ca	egory/ Type 004 11	
Name of Federal Candidate	Support Office Sought:	House District: 00
HILLARY CLINTON	X Oppose X President	Senate State: VT
Calendar Year-To-Date Per Election for Office Sought	Disbursement F	
	Othe	er (specify)
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of I	
Mailing Address 325 SPRINGSIDE DR	Amount	
0111	No. do	1212.46
City State Zip AKRON OH 443		1313.46 on ID : SE.10696
Purpose of Expenditure VOTER CONTACT Ca	egory/ 004 11	
Name of Federal Candidate	Support Office Sought:	House District: 00
HILLARY CLINTON	✓ Oppose✓ President	
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbursement F 2016 Othe	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	7 7
(c) TOTAL Independent Expenditures	· ·	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electronically	T-1 17	20 2016
Signature	· L	

S

SCOTT B MACKENZIE

Signature

	CHEDULE E (FEC Form 3X)	
TΕ	EMIZED INDEPENDENT EXPENDITURES	PAGE 114 OF 192 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
C	CONSERVATIVE MAJORITY FUND	C C00524454
Ch	neck if 24-hour report 48-hour report New report Amends report	t filed on
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR	Amount
	City State Zip Code AKRON OH 44333	Transaction ID : SE.10697 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 16 / 2015
	Name of Federal Candidate Support HILLARY CLINTON Oppose	Office Sought: House District: 00 X President Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	Date of Public Distribution/Dissemination M 1
	City State Zip Code AKRON OH 44333	309.39 Transaction ID : SE.10698
	Purpose of Expenditure VOTER CONTACT Category/ Type 004	Date of Disbursement or Obligation M 1 1 16 2015
	Name of Federal Candidate Support	Office Sought: House District: 00
	HILLARY CLINTON Oppose	President Senate State: WV
	Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	0.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	>
	(c) TOTAL Independent Expenditures	•
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	

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	CHEDULE E (FEC Form 3X)		
TE	MIZED INDEPENDENT EXPENDITURES		PAGE 115 OF 192 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
С	ONSERVATIVE MAJORITY FUND		C C00524454
 Che	eck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
Т	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
-	[MEMO ITEM]		11 / 16 / Y Y Y Y Y
	325 SPRINGSIDE DR		Amount
		Zip Code	922.66
	AKRON OH	44333	Transaction ID : SE.10699 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 / 16 / Y Y Y Y Y
1	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	Oppose	President Senate State: WI
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
-	[MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		11 16 2015 Amount
ŀ	City State	Zip Code	91.14
	AKRON OH	44333	Transaction ID : SE.10700 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 16 2015
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	Oppose	President Senate State: WY
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures		0.00
((b) SUBTOTAL of Unitemized Independent Expenditures		
((c) TOTAL Independent Expenditures		· · · · · · · · · · · · · · · · · · ·
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE		M M / D D / Y Y Y

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES		5105 440 05 400
IEMIZED INDEPENDENT EXPENDITURES		PAGE 116 OF 192 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND		C C00524454
Check if 24-hour report 48-hour report New r	eport Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMORITEM]		Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR		Amount
City State	Zip Code	107.86
AKRON OH	44333	Transaction ID : SE.10701 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 16 / 2015
Name of Federal Candidate	Support Office	e Sought: House District: 00
HILLARY CLINTON		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbu 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination 11
City State	Zip Code	103.06
AKRON OH	•	Transaction ID : SE.15728 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
HILLARY CLINTON		President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	103.06 Disbu 2016	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	103.06
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	1 7 1 7 1 7
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electr	onically Filed]	1 20 2016

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FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER C C00524454 M / D D / Y Y Y Y Y Of Public Distribution/Dissemination 11 1 16 2015 Of Disbursement or Obligation 11 20 2015 Of Public Distribution/Dissemination A K Senate State: AK Of Public Distribution/Dissemination A M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PAGE 117 OF 192
of Public Distribution/Dissemination 11	
of Public Distribution/Dissemination 11	
of Public Distribution/Dissemination 11	
nt 14.98 ction ID: SE.15730 of Disbursement or Obligation 11	M / D = D / Y = Y = Y
nt 14.98 ction ID: SE.15730 of Disbursement or Obligation 11	of Public Distribution/Dissemination
tt: House District: 00 Senate State: AK Senate State: AK of Public Distribution/Dissemination 11	
tit: House District: 00 Senate State: AK State: OF Primary Senate State: 00 Interpretation ID: SE.15731 of Disbursement or Obligation 11	nt
of Disbursement or Obligation 11	14.98
ther (specify) of Public Distribution/Dissemination 11	
ent Senate State: AK It For: Primary General Ither (specify) of Public Distribution/Dissemination In 16 / 2015 Int 18 / 2015 Int 19 / 2015 Int 20 / 2015	
senate State: It For: Primary General Inter (specify) Of Public Distribution/Dissemination Of Dispute State: Of Dispute State:	t: House District: 00
of Public Distribution/Dissemination 11	ent Senate State: AK
of Public Distribution/Dissemination 11	t For: Primary X General
11	ther (specify) ▶
11 16 2015 Int 136.19 Intion ID: SE.15731 of Disbursement or Obligation 11 20 2015 Int: House District: 00 ent Senate State: AZ	
136.19 Inction ID: SE.15731 of Disbursement or Obligation 11 120 2015 Int: House District: 00 ent Senate State: AZ	
136.19 Inction ID: SE.15731 of Disbursement or Obligation 111	
of Disbursement or Obligation 11	
11 20 2015 at: House District: 00 ent Senate State: AZ	
ent Senate State: AZ	11 20 7 2015
ent Senate State.	nt: House District:00
nt For: Primary X General	ent Senate State: AZ
	nt For: Primary X General
Other (specify) -	Other (specify) -

NAME OF COMMITTEE (IN Full)	CUND			FEC IDENT	IFICATION	NUMBER ▼
CONSERVATIVE MAJORITY	FUND			C C005	24454	
Check if 24-hour report 48-hour r	eport New rep	oort Amends repo		M = M / D	D / Y	YYYY
Full Name of Payee INFOCISION MANAGEMENT C	OPP		Date	of Public Dist	tribution/Dis	semination
	OKF		[M M / D	16 / Y	2015
Mailing Address 325 SPRINGSIDE DR			Amo	unt		
City	State	Zip Code	L.			14.98
AKRON	ОН	44333		action ID : SE of Disbursem		gation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004] [20 / Y	2015
Name of Federal Candidate		Support	Office Soug	ht: Ho	ouse Dis	trict: 00
HILLARY CLINTON		Oppose	X Presid	dent Se	enate S	tate:AK
Calendar Year-To-Date Per Election for Office Sought		14.98	Disburseme	nt For:	Primary	X General
Full Name of Payee				Other (specify)		
INFOCISION MANAGEMEN	Γ CORP		Date	of Public Dis	16	2015
Mailing Address 325 SPRINGSIDE DR			Amo	unt		
City	State	Zip Code				136.19
AKRON	ОН	44333		action ID : SE of Disbursem		gation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		M M / D	20 /	2015
Name of Federal Candidate		Support	Office Soug	ght: H	ouse Dis	strict:00
HILLARY CLINTON		Oppose	X Presid	dent S	enate S	State: AZ
Calendar Year-To-Date Per Election for Office Sought		136.19	Disburseme 2016			X General
				Other (specify		
(a) SUBTOTAL of Itemized Independent E	Expenditures		•	7	-7-	151.17
(b) SUBTOTAL of Unitemized Independen	t Expenditures		•	1 45		
(c) TOTAL Independent Expenditures			•	7	7	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
SCOTT B MACKENZIE	[Electron	nically Filed] Date	M M /	20 /	2016	Y
Signature						_

SCHEDULE E (FEC Form				
TEMIZED INDEPENDENT EXPE	NDITURES			PAGE 118 OF 192 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORIT	Y FUND		li	C C00524454
Check if 24-hour report 48-ho	ur report New rep	port Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee INFOCISION MANAGEMENT	CORP			f Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE D	PR			11 16 2015
				00.45
City AKRON	State OH	Zip Code 44333		62.45 tion ID: SE.15732 f Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	М	11 20 / 2015
Name of Federal Candidate		Support	Office Sought:	House District: 00
HILLARY CLINTON		Support Oppose	X Presider	Trouse Biotriet:
Calendar Year-To-Date Per Election for Office Sought	7	62.45	Disbursement 2016 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee INFOCISION MANAGEME Mailing Address 325 SPRINGSIDE D			M	f Public Distribution/Dissemination
City	State	Zip Code		796.81
AKRON	ОН	44333		etion ID : SE.15733 f Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M	11 20 / 2015
Name of Federal Candidate		Support	Office Sought	: House District:00
HILLARY CLINTON		X Oppose	X Presider	
Calendar Year-To-Date Per Election for Office Sought		796.81	Disbursement 2016 Ott	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independe	nt Expenditures			859.26
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures			7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that with, or at the request or suggestion o party committee) any political party cor	f, any candidate or authorized			
SCOTT B MACKENZIE	[Electror	nically Filed] Date	, 01 /	20 / 2016

Check if

SCHEDULE E (FEC F ITEMIZED INDEPENDENT B

MIZED INDEPENDENT EXPENDIT	URES		PAGE 119 OF 192 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full) ONSERVATIVE MAJORITY FU	JND		FEC IDENTIFICATION NUMBER ▼ C C00524454
ck if 24-hour report 48-hour report	ort New	report Amends report	filed on M M M / D D / Y Y Y Y Y
Full Name of Payee INFOCISION MANAGEMENT COP	RP		Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Amount
City	State	Zip Code	108.98
AKRON	ОН	44333	Transaction ID : SE.15734 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	11 20 / Y Y Y Y Y
Name of Federal Candidate		Support C	Office Sought: House District: 00
HILLARY CLINTON		Oppose	President Senate State: CO
Calendar Year-To-Date			Disbursement For: Primary X General
Per Election for Office Sought		100.90	Other (specify)
	-	100.90	Other (specify) ▶
Full Name of Payee INFOCISION MANAGEMENT (CORP	100.90	
Full Name of Payee	CORP	100.90	Other (specify) ▶ Date of Public Distribution/Dissemination
Full Name of Payee INFOCISION MANAGEMENT (Mailing Address 325 SPRINGSIDE DR	CORP	Zip Code	Other (specify) ▶ Date of Public Distribution/Dissemination 11
Full Name of Payee INFOCISION MANAGEMENT (Mailing Address 325 SPRINGSIDE DR City AKRON			Other (specify) ▶ Date of Public Distribution/Dissemination 11
Full Name of Payee INFOCISION MANAGEMENT (Mailing Address 325 SPRINGSIDE DR City	State	Zip Code	Other (specify) Date of Public Distribution/Dissemination 11 16 2015 Amount 77.87 Transaction ID: SE.15735
Full Name of Payee INFOCISION MANAGEMENT (Mailing Address 325 SPRINGSIDE DR City AKRON Purpose of Expenditure VOTER CONTACT	State	Zip Code 44333 Category/ Type 004	Other (specify) Date of Public Distribution/Dissemination 11
Full Name of Payee INFOCISION MANAGEMENT (Mailing Address 325 SPRINGSIDE DR City AKRON Purpose of Expenditure	State	Zip Code 44333 Category/ Type 004	Other (specify) Date of Public Distribution/Dissemination M M M / 16 / 2015 Amount 77.87 Transaction ID: SE.15735 Date of Disbursement or Obligation M M M / 20 / 2015 Office Sought: House District: 00 President Senate State: CT
Full Name of Payee INFOCISION MANAGEMENT (Mailing Address 325 SPRINGSIDE DR City AKRON Purpose of Expenditure VOTER CONTACT Name of Federal Candidate	State	Zip Code 44333 Category/ Type Support Oppose	Other (specify) Date of Public Distribution/Dissemination M M M / 16 / 2015 Amount 77.87 Transaction ID: SE.15735 Date of Disbursement or Obligation M M M / 20 / 2015 Office Sought: House District: 00
Full Name of Payee INFOCISION MANAGEMENT (Mailing Address 325 SPRINGSIDE DR City AKRON Purpose of Expenditure VOTER CONTACT Name of Federal Candidate HILLARY CLINTON Calendar Year-To-Date Per Election for Office Sought	State OH	Zip Code 44333 Category/ Type Out Support Oppose 77.87	Other (specify) Date of Public Distribution/Dissemination M M M / 16 / 2015 Amount 77.87 Transaction ID: SE.15735 Date of Disbursement or Obligation M M M / 20 / 2015 Office Sought: House District: 00 President Senate State: CT Disbursement For: Primary General 2016 Other (specify)
Full Name of Payee INFOCISION MANAGEMENT (Mailing Address 325 SPRINGSIDE DR City AKRON Purpose of Expenditure VOTER CONTACT Name of Federal Candidate HILLARY CLINTON Calendar Year-To-Date	State OH	Zip Code 44333 Category/ Type Out Support Oppose 77.87	Other (specify) Date of Public Distribution/Dissemination 11
Full Name of Payee INFOCISION MANAGEMENT (Mailing Address 325 SPRINGSIDE DR City AKRON Purpose of Expenditure VOTER CONTACT Name of Federal Candidate HILLARY CLINTON Calendar Year-To-Date Per Election for Office Sought	State OH	Zip Code 44333 Category/ Type Out Support Oppose 77.87	Other (specify) Date of Public Distribution/Dissemination M M M / 16 / 2015 Amount 77.87 Transaction ID: SE.15735 Date of Disbursement or Obligation M M M / 20 / 2015 Office Sought: House District: 00 President Senate State: CT Disbursement For: Primary General 2016 Other (specify)

Under penalty of perjury I certif with, or at the request or sugge party committee) any political party committee or its agent.

SCOTT B MACKENZIE	[Electronically Filed]	Date	01 /	20	2016
Signature					

SCOTT B MACKENZIE

Signature

	CHEDULE E (FEC Form 3X)			
TI	EMIZED INDEPENDENT EXPENDITURES			PAGE 120 OF 192 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
(CONSERVATIVE MAJORITY FUND			C00524454
Cł	neck if 24-hour report 48-hour report New report	Amends report file	ed on	/ D = D / Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public	c Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR		Amount	
	City State Zip (Code	- I	422.34
	AKRON OH 443:	33	Transaction ID Date of Disbu	D: SE.15736 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT Cat	tegory/ Type 004	M M M	20 / 2015
	Name of Federal Candidate	Support Offi	ce Sought:	House District: 00
	HILLARY CLINTON	X Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	422.34 Dis 201	bursement For: 6 Other (sp	Primary X General Decify) ▶
	Full Name of Payee		Date of Publi	c Distribution/Dissemination
	INFOCISION MANAGEMENT CORP		11	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR		Amount	
	City State Zip	Code	1	205.39
	AKRON OH 443	33	Transaction II Date of Disbu	D : SE.15737 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT Cat	tegory/ Type 004	11	20 / 2015
	Name of Federal Candidate	Support Off	ice Sought:	House District: 00
	HILLARY CLINTON	X Oppose	President	Senate State: GA
	Calendar Year-To-Date Per Election for Office Sought	205.39 Dis 20	bursement For: 16 Other (sp	Primary
	L			
	(a) SUBTOTAL of Itemized Independent Expenditures	·····	7	627.73
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(c) TOTAL Independent Expenditures	>	7	
	Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com party committee) any political party committee or its agent.			

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TEI	MIZED INDEPENDENT EXPENDITURES						PAGE 121 FOR LINE 24	OF 192 4 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE MAJORITY FUND					FEC	IDENTIFICATIO C00524454	N NUMBER ▼
 Che	eck if 24-hour report 48-hour report	New repo	ort An	nends repo	ort filed o	M M	/ D D /	Y = Y = Y = Y
T	Full Name of Payee INFOCISION MANAGEMENT CORP					Date of Pub	lic Distribution/I	Dissemination
-	Mailing Address 325 SPRINGSIDE DR					11 Amount	16	2015
- 1	City State AKRON OH		Zip Code 44333			ransaction I	D : SE.15738	30.01
	Purpose of Expenditure VOTER CONTACT		Category/ Type			Date of Disk	oursement or O	bligation 2015
	Name of Federal Candidate HILLARY CLINTON			Support Oppose	Office S	Sought: President	House [District: 00 State: HI
	Calendar Year-To-Date Per Election for Office Sought		30.01	1	Disburs 2016	sement For: Other (s	Primary	General
	Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR					Date of Pub	lic Distribution/	Dissemination 2015
			7:- Oada			Amount		22.44
	City Stat AKRON OH		Zip Code 44333				ID : SE.15739 bursement or C	32.44 Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type			11	20	2015
	Name of Federal Candidate HILLARY CLINTON			Support Oppose	Office S	Sought: President	House Senate	District: 00 State: ID
	Calendar Year-To-Date Per Election for Office Sought		32.4	4		sement For:	Primary	General
(;	a) SUBTOTAL of Itemized Independent Expenditures							62.45
(1)	b) SUBTOTAL of Unitemized Independent Expenditures				•			
(0	c) TOTAL Independent Expenditures				·· •		- 1 - 4	
W	Under penalty of perjury I certify that the independent experit, or at the request or suggestion of, any candidate or early committee) any political party committee or its agent.	authorized						
	SCOTT B MACKENZIE	[Electron	ically Filed]	Date	e 01	M / D 0	2016	y y y
	Signature		_	Date		_		

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	OULE E (FEC Form 3X					
TEMIZE	D INDEPENDENT EXPENDI	TURES			PAGE 122 FOR LINE 24	OF 192 OF FORM 3X
	COMMITTEE (In Full)			FEC I	DENTIFICATION	N NUMBER ▼
CONS	ERVATIVE MAJORITY I	-UND		C	C00524454	
Check if	24-hour report 48-hour re	eport New re	port Amends rep	ort filed on	/ D D /	Y
	ame of Payee OCISION MANAGEMENT CO	ORP		Date of Publ	lic Distribution/D	vissemination 2015
Mailing	g Address 325 SPRINGSIDE DR			Amount	10	2013
City AKRO	N	State OH	Zip Code 44333	Transaction I	D : SE.15740 pursement or Ob	273.96
	se of Expenditure ER CONTACT		Category/ Type 004	M M	20	2015
	of Federal Candidate		Support	Office Sought:	House D	istrict:00
HILLA	ARY CLINTON		X Oppose	President	Senate	State:IL
	Calendar Year-To-Date Per Election for Office Sought		273.96	Disbursement For: 2016 Other (s	Primary pecify) ▶	X General
	ame of Payee OCISION MANAGEMENT	CORP		Date of Publ	lic Distribution/D	Dissemination 2015
Mailin	g Address 325 SPRINGSIDE DR			Amount		
City		State	Zip Code	بينا		137.93
AKRO		ОН	44333	Transaction I Date of Disk	oursement or Ob	oligation
	se of Expenditure ER CONTACT		Category/ Type 004	M - M 11	20 /	2015
	of Federal Candidate		Support	Office Sought:	House D	District:00
HILLA	ARY CLINTON		Oppose	President	Senate	State:IN
	Calendar Year-To-Date Per Election for Office Sought		137.93	Disbursement For: 2016 Other (s	Primary specify) ▶	General
(a) SU	BTOTAL of Itemized Independent E	xpenditures				411.89
(b) SU	BTOTAL of Unitemized Independent	t Expenditures			7	
(c) TO	TAL Independent Expenditures			··· >		
with, or	penalty of perjury I certify that the at the request or suggestion of, arommittee) any political party commit	ny candidate or authorize				
	SCOTT B MACKENZIE			M M / D D		Y Y

[Electronically Filed]

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	EMIZED INDEPENDENT EXPENDITORES		FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
C	CONSERVATIVE MAJORITY FUND		C C00524454
Ch	neck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
	Mailing Address		11 16 2015
	325 SPRINGSIDE DR		Amount
	City State	Zip Code	65.55
	AKRON OH	44333	Transaction ID: SE.15742 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	HILLARY CLINTON	X Oppose	President Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought	65.55	Disbursement For: Primary General
	<u> </u>		Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
	Mailing Address		11 16 2015
	325 SPRINGSIDE DR		Amount
	City State	Zip Code	60.21
	AKRON OH	44333	Transaction ID : SE.15743 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	HILLARY CLINTON	Oppose	President Senate State: KS
	Calendar Year-To-Date		Disbursement For: Primary General
	Per Election for Office Sought	60.21	2016
	(a) SUBTOTAL of Itemized Independent Expenditures		125.76
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(7)		7 7 7
	(c) TOTAL Independent Expenditures		·
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	SCOTT B MACKENZIE	ically Filed]	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	01 20 2016

CHEDULE E (FEC FORM 3X) FEMIZED INDEPENDENT EXPENDITURES		PAGE 124 OF 192
		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND		C C00524454
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
Mailing Address		11 16 / 2015
325 SPRINGSIDE DR		Amount
City State	Zip Code	93.88
AKRON OH	44333	Transaction ID : SE.15744 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / 2015
Name of Federal Candidate	Support	Office Sought: House District:00
HILLARY CLINTON	X Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	93.88	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
Mailing Address		11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
325 SPRINGSIDE DR		Amount
City State	Zip Code	96.92
AKRON OH	44333	Transaction ID : SE.15745 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
HILLARY CLINTON	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	96.92	Disbursement For:
(a) CURTOTAL of Harrison Indonesian Funerality		100.00
(a) SUBTOTAL of Itemized Independent Expenditures		190.80
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electroni	ically Filed] Date	01 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

SCOTT B MACKENZIE

Signature

	CHEDULE E (FEC Form 3X)					
T	EMIZED INDEPENDENT EXPENDITU	JRES			PAGE 125	OF 192 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			F	EC IDENTIFICATION	
(CONSERVATIVE MAJORITY FL	JND			C C00524454	
CI	neck if 24-hour report 48-hour repo	ort New rep	ort Amends repo	ort filed on	M / D D /	Y W Y W Y
	Full Name of Payee INFOCISION MANAGEMENT COR	RP			Public Distribution	/Dissemination
	Mailing Address 325 SPRINGSIDE DR				11 16	2015
	325 SPRINGSIDE DR			Amoun	t	
	City AKRON	State OH	Zip Code 44333		tion ID : SE.15746 Disbursement or (29.69
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	М	1 20	2015
	Name of Federal Candidate		Support	Office Sought:	House	District:00
	HILLARY CLINTON		X Oppose	X Presider		State: ME
	Calendar Year-To-Date Per Election for Office Sought		29.69	Disbursement 2016 Oth	For: Primary ner (specify) ▶	General
	Full Name of Payee INFOCISION MANAGEMENT C Mailing Address 325 SPRINGSIDE DR	CORP		M	f Public Distribution	/Dissemination 2015
	City	State	Zip Code			125.66
	AKRON	ОН	44333		tion ID : SE.15747 f Disbursement or 0	Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 20	2015
	Name of Federal Candidate		Support	Office Sought:	House	District:00
	HILLARY CLINTON		X Oppose	X Presider	nt Senate	State: MD
	Calendar Year-To-Date Per Election for Office Sought		125.66	Disbursement 2016 Oth	For: Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expe	enditures		•	7 7	155.35
	(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •	4 4	
	(c) TOTAL Independent Expenditures			•	7 7	
	Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized				

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PAGE	126	OF	192 ORM 3X
FOR I	LINE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MASORITITIONS	C C00524454
Check if 24-hour report 48-hour report New report Ame	nends report filed on
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
	11 16 2015
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	145.31
AKRON OH 44333	Transaction ID : SE.15748 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Category/ Type	004
Name of Federal Candidate S	Support Office Sought: House District: 00
HILLARY CLINTON	Oppose President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 145.31	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	11 16 2015
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	212.54
AKRON OH 44333	Transaction ID : SE.15749 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Category/ Type	004
Name of Federal Candidate	Support Office Sought: House District: 00
HILLARY CLINTON	Oppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	357.85
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee o party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed]	Date 01 20 2016
Signature	

	CHEDULE E (FEC FORM 3X)		5:05 407 05 400
1 6	EMIZED INDEPENDENT EXPENDITURES		PAGE 127 OF 192 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
С	CONSERVATIVE MAJORITY FUND		C C00524454
Ch	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR		11 16 2015
			Amount
	City State	Zip Code	114.04
	AKRON OH	44333	Transaction ID : SE.15750 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 2015
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	X Oppose	President Senate State: MN
	Calendar Year-To-Date Per Election for Office Sought	114.04	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address are applied to the payon of the p		Date of Public Distribution/Dissemination M M M / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	325 SPRINGSIDE DR		Amount
	City State	Zip Code	62.48 Transaction ID : SE.15751
	AKRON OH	44333	Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 7 2015
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	Oppose	President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	62.48	Disbursement For: Primary General 2016
	(a) SUBTOTAL of Itemized Independent Expenditures		176.52
	(b) SUBTOTAL of Unitemized Independent Expenditures		
_	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE [Electronic	nically Filed] Date	o 01 20 2016

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	HEDULE E (FEC Form 3X)							
ΓEM	IIZED INDEPENDENT EXPENDITURES						PAGE 128	3 OF 192 24 OF FORM 3X
	E OF COMMITTEE (In Full)					FEC	IDENTIFICAT	ION NUMBER ▼
CC	INSERVATIVE MAJORITY FUND					С	C00524454	
Chec	k if 24-hour report 48-hour report New	report	Am	nends repo	ort filed o	n M = M	/ D = D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CORP]	Date of Pu	blic Distribution	n/Dissemination 2015
N	Mailing Address 325 SPRINGSIDE DR				,	Amount	10	2010
-	City State AKRON OH	Zip (ID : SE.15752 sbursement or	
	Purpose of Expenditure VOTER CONTACT	Cat	egory/ Type	004		M M 11	/ 20 /	2015
	Name of Federal Candidate			Support	Office S	Sought:	House	District: 00
-	HILLARY CLINTON		X	Oppose	X P	resident	Senate	State: MO
	Calendar Year-To-Date Per Election for Office Sought	,	128.9	3	Disburs 2016	ement For Other	: Primar	y X General
	Full Name of Payee INFOCISION MANAGEMENT CORP				1	Date of Pu	blic Distribution	n/Dissemination 2015
N	Mailing Address 325 SPRINGSIDE DR					Amount		
	Dity State	Zip (Code				, , ,	21.75
	AKRON OH	4433	33		I		ID: SE.15753 sbursement or	
	Purpose of Expenditure VOTER CONTACT	Cat	egory/ Type	004		11	20	2015
N	Name of Federal Candidate			Support	Office S	Sought:	House	District:00
	HILLARY CLINTON		X	Oppose	XF	President	Senate	State: MT
	Calendar Year-To-Date Per Election for Office Sought	,	21.7	5	Disburs 2016	ement For	: Primar	y X General
(a)) SUBTOTAL of Itemized Independent Expenditures						7 7	150.68
(b)) SUBTOTAL of Unitemized Independent Expenditures				·· • [<i>T</i>	
(c)) TOTAL Independent Expenditures				·· • [, , , ,	
wit	nder penalty of perjury I certify that the independent expendit th, or at the request or suggestion of, any candidate or authourty committee) any political party committee or its agent.							
	SCOTT B MACKENZIE				M	_ /	D / Y Y	V V

[Electronically Filed]

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	EMIZED INDEPENDENT EXPENDITURES				Б	PAGE 129	OF 192
1 -	WIZED INDEPENDENT EXPENDITORIES					_	OF 192 4 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDI	ENTIFICATION	ON NUMBER ▼
С	CONSERVATIVE MAJORITY FUND				C	00524454	
Ch	neck if 24-hour report 48-hour report	New rep	port Amends repo		M = M /	D = D /	Y I Y I Y I Y
7	Full Name of Payee INFOCISION MANAGEMENT CORP			Date	M M /	D D /	Dissemination
	Mailing Address 325 SPRINGSIDE DR			Amo	11 ount	16	2015
	City	State	Zip Code				38.76
	AKRON	OH	44333			: SE.15754 sement or C	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004] [M 11 /	20	2015
	Name of Federal Candidate		Support	Office Soug	ıht:	House	District: 00
	HILLARY CLINTON		X Oppose	X Presid	´	Senate	State: NE
	Calendar Year-To-Date Per Election for Office Sought	, , ,	38.76	Disburseme	ent For: [Other (spe	Primary	X General
	Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR			Date	of Public	Distribution/	Dissemination 2015
	320 OF KINGGIDE DIK			Amo	ount		
	City AKRON	State	Zip Code 44333	Trans	action ID	: SE.15755	57.75
			44333			rsement or C	Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	$\exists \mid \exists$	11 /	20 /	2015
	Name of Federal Candidate		Support	Office Soug	ght:	House	District:00
	HILLARY CLINTON		X Oppose	X Presi		Senate	State: NV
	Calendar Year-To-Date Per Election for Office Sought	7-1-7	57.75	Disburseme 2016	ent For: Other (spe	Primary	X General
	(a) SUBTOTAL of Itemized Independent Expenditures	S		· [- 7	-	96.51
	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· ·			
	(c) TOTAL Independent Expenditures			• [4	7	
١	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	M M /	20	/ Y Y 201	6 Y

SCOTT B MACKENZIE

Signature

	CHEDULE E (FEC Form 3X)			
TI	EMIZED INDEPENDENT EXPENDITURES			GE 130 OF 192 R LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)		FEC IDENT	TIFICATION NUMBER ▼
(CONSERVATIVE MAJORITY FUND			524454
Cł	neck if 24-hour report 48-hour report New report	Amends report fil	ed on D	D / Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Dis	tribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR		Amount	
	City State Zip	Code	1	29.11
	AKRON OH 443	333	Transaction ID : SE Date of Disbursem	
	Purpose of Expenditure VOTER CONTACT Ca	tegory/ Type 004	M M / D	20 / 2015
	Name of Federal Candidate	Support Off	ice Sought: H	ouse District: 00
	HILLARY CLINTON	X Oppose		enate State: NH
	Calendar Year-To-Date Per Election for Office Sought	29.11 Dis 20°	bursement For: 6 Other (specify	Primary
	Full Name of Payee		Date of Public Dis	stribution/Dissemination
	INFOCISION MANAGEMENT CORP		11 / D	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR		Amount	
	City State Zip	Code		190.05
	AKRON OH 443	333	Transaction ID : St Date of Disbursen	
	Purpose of Expenditure VOTER CONTACT Ca	tegory/ Type 004	11 / D	20 / 2015
	Name of Federal Candidate	Support Of	ice Sought:	louse District: 00
	HILLARY CLINTON	X Oppose	, ,	enate State: NJ
	Calendar Year-To-Date Per Election for Office Sought		sbursement For: 16 Other (specify	Primary
	L			<u> </u>
	(a) SUBTOTAL of Itemized Independent Expenditures	·····	7	219.16
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····		
	(c) TOTAL Independent Expenditures	······································	7	7
	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.			•

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	MEDULE E (FEC FORM 3X) MIZED INDEPENDENT EXPENDITURES				PAGE 13	1 OF 192
' -	MIZED MACE EMPERE EX EMPERO					24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICAT	ON NUMBER ▼
C	ONSERVATIVE MAJORITY FUND				C C00524454	
Che	eck if 24-hour report 48-hour report	New repo	ort Amends repor		/ D = D	YYYY
T	Full Name of Payee INFOCISION MANAGEMENT CORP				of Public Distributio	/ Y = Y = Y = Y
	Mailing Address 325 SPRINGSIDE DR			Amou	11 16 unt	2015
	City	State	Zip Code			43.82
	•	OH	44333		action ID : SE.15758 of Disbursement or	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 / 20	2015
Ì	Name of Federal Candidate		Support	Office Sough	nt: House	District: 00
	HILLARY CLINTON		X Oppose	X Presid		State: NM
	Calendar Year-To-Date Per Election for Office Sought		43.82	Disbursemer 2016	nt For: Primai	ry X General
	Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR				of Public Distributio	n/Dissemination
	320 SPKINGSIDE DK			Amoi	unt	
ŀ	,	State	Zip Code	Trans	action ID : SE.1575	425.59
		ОН	44333		of Disbursement or	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004] [11 / 20	2015
Ì	Name of Federal Candidate		Support	Office Soug	ht: House	District: 00
	HILLARY CLINTON		X Oppose	X Presid		State: NY
	Calendar Year-To-Date Per Election for Office Sought		425.59	Disbursement 2016	nt For: Prima Other (specify) ▶	ry X General
((a) SUBTOTAL of Itemized Independent Expenditures			.	· · · · · · ·	469.41
((b) SUBTOTAL of Unitemized Independent Expenditure	es		· • [
	(c) TOTAL Independent Expenditures			· [4	4
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
	SCOTT B MACKENZIE	[Electron	ically Filed] Date	M M /)16

SCHEDULE E (FEC Form 3X)

TE	MIZED INDEPENDENT EXPENDITURES					PAGE 132 OF 1 FOR LINE 24 OF FOR	192 RM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE MAJORITY FUND					FEC IDENTIFICATION NUMBER	
						C C00524454	
Che	eck if 24-hour report 48-hour report New	w repo	ort Amends	s repo	rt filed	on/	
П	Full Name of Payee INFOCISION MANAGEMENT CORP					Date of Public Distribution/Disseminat	ion
						11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 325 SPRINGSIDE DR					Amount	
Ì	City State		Zip Code			206.6	31
	AKRON OH		44333			Transaction ID : SE.15760 Date of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT		Category/ Type	004		11 20 / 2015	
Ì	Name of Federal Candidate		Supp	ort	Office	e Sought: House District:	00
	HILLARY CLINTON		X Oppo	ose	X		NC
	Calendar Year-To-Date Per Election for Office Sought		206.61]	Disbu 2016	orsement For: Primary	neral
ŀ	Full Name of Payee					Date of Public Distribution/Disseminat	tion
	INFOCISIÓN MANAGEMENT CORP					11 16 2015	Y Y
Ì	Mailing Address 325 SPRINGSIDE DR					Amount	
-	City State		Zip Code			14.9	94
	AKRON OH		44333			Transaction ID : SE.15761 Date of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT		Category/ Type	004		11 20 / 2018	
Ì	Name of Federal Candidate		Supp	ort	Office	e Sought: House District:	00
	HILLARY CLINTON		X Oppo	ose	X	President Senate State:	ND
	Calendar Year-To-Date Per Election for Office Sought		14.94]	Disbu 2016	ursement For: Primary X Ge Other (specify) ▶	neral
((a) SUBTOTAL of Itemized Independent Expenditures				•	221.55	
((b) SUBTOTAL of Unitemized Independent Expenditures				•		
((c) TOTAL Independent Expenditures				•		
٧	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authoparty committee) any political party committee or its agent.		•				
	SCOTT B MACKENZIE	ectroni	ically Filed]	5.4	M 0	1 20 2016	
	Signature		_	Date		20 2010	

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36	CHEDULE E (FEC Form 3X)		
T	EMIZED INDEPENDENT EXPENDITURES		PAGE 133 OF 192 FOR LINE 24 OF FORM 3X
\ I /	AME OF COMMITTEE (In Full)		
	CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination 11 16 2015
	Mailing Address 325 SPRINGSIDE DR		Amount
	City State AKRON OH	Zip Code 44333	Transaction ID : SE.15762 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate HILLARY CLINTON	Support Oppose	Office Sought: House District: 00 President Senate State: OH
	Calendar Year-To-Date Per Election for Office Sought	248.19	Disbursement For: Primary General 2016 Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination 11
	City	7in Cada	90.06
	City State AKRON OH	Zip Code 44333	80.06 Transaction ID : SE.15763 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	HILLARY CLINTON	Oppose	President Senate State: OK
	Calendar Year-To-Date Per Election for Office Sought	80.06	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		328.25
	(b) SUBTOTAL of Unitemized Independent Expenditures		. >
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized		

party committee) any political party committee or its agent.

SCOTT B MACKENZIE	[Electronically Filed]	Tiled] Date	01 M	/	20	/	2016
Signature							

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SCOTT B MACKENZIE

Signature

	CHEDULE E (FEC Form :			
ΓE	EMIZED INDEPENDENT EXPEN	DITURES		PAGE 134 OF 192 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
	CONSERVATIVE MAJORIT	/ FUND		
				C C00524454
Cł	neck if 24-hour report 48-hou	r report New report	ort Amends repo	ort filed on
	Full Name of Payee INFOCISION MANAGEMENT	CORP		Date of Public Distribution/Dissemination
	Mailing Address			11 16 2015
	325 SPRINGSIDE DE	!		Amount
	City	State	Zip Code	84.34
	AKRON	ОН	44333	Transaction ID : SE.15764 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sought: House District:00
	HILLARY CLINTON		X Oppose	President Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought		84.34	Disbursement For:
	Full Name of Payee			Date of Public Distribution/Dissemination
	INFOCISION MANAGEME	NT CORP		11 16 2015
	Mailing Address 325 SPRINGSIDE DF	ł		Amount
	City	State	Zip Code	279.87
	AKRON	ОН	44333	Transaction ID : SE.15765 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	11 20 / 2015
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY CLINTON		Oppose	President Senate State: PA
	Calendar Year-To-Date Per Election for Office Sought		279.87	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independen	t Expenditures		364.21
	(b) SUBTOTAL of Unitemized Independ	ent Expenditures		•
	(c) TOTAL Independent Expenditures			•
		any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

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PAGE 135 OF 192 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00524454
= M / D = D / Y = Y = Y
of Public Distribution/Dissemination
11 / 16 / 2015
nt
23.32
ction ID : SE.15766 of Disbursement or Obligation
11 20 2015
t: House District: 00
ent Senate State: RI
t For: Primary X General
ther (specify) ▶
of Public Distribution/Dissemination
int
100.90
oction ID : SE.15767 of Disbursement or Obligation
11 20 2015
nt: House District:00
ent Senate State: SC
nt For: Primary X General
Other (specify)
124.22

	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
C	ONSERVATIVE MAJORITY FUND	C C00524454	
Che	eck if 24-hour report 48-hour report New report	ort Amends repor	t filed on Man / Dab / Yayayay
П	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
	IN OCISION MANAGEMENT CON		11 16 2015
	Mailing Address 325 SPRINGSIDE DR		Amount
ŀ	City State	Zip Code	23.32
	AKRON OH	44333	Transaction ID : SE.15766 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / Y Y Y Y Y
ı	Name of Federal Candidate	Support	Office Sought: House District:00
	HILLARY CLINTON	X Oppose	President Senate State: RI
	Calendar Year-To-Date Per Election for Office Sought	23.32	Disbursement For: Primary X General 2016 Other (specify) ▶
ŀ	Full Name of Payee		Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	Mailing Address 325 SPRINGSIDE DR		Amount
ŀ	City State	Zip Code	100.90
	AKRON OH	44333	Transaction ID : SE.15767 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / 2015
ľ	Name of Federal Candidate	Support	Office Sought: House District:00
-	HILLARY CLINTON	Oppose	President Senate State: SC
	Calendar Year-To-Date Per Election for Office Sought	100.90	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		124.22
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE	ically Filed]	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	20 2010

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SCOTT B MACKENZIE

Signature

	CHEDULE E (FEC Form 3X)				
ΓE	EMIZED INDEPENDENT EXPENDITURES				PAGE 136 OF 192 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
C	CONSERVATIVE MAJORITY FUND				C C00524454
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends r	report file	d on M M M / D D / Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CORP				Date of Public Distribution/Dissemination
	Mailing Address				11 16 2015
	Mailing Address 325 SPRINGSIDE DR				Amount
	City	Э	Zip Code		17.41
	AKRON OH		44333		Transaction ID : SE.15768 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 0	004	11 20 / Y Y Y Y Y Y
	Name of Federal Candidate		Suppor	t Offic	ce Sought: House District: 00
	HILLARY CLINTON		X Oppose		President Senate State: SD
	Calendar Year-To-Date Per Election for Office Sought		17.41	Disk 201	oursement For: Primary X General Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP				Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR				11 16 2015 Amount
	City State		Zip Code		137.70
	AKRON OH		44333		Transaction ID : SE.15769 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 0	04	11 20 / 2015
	Name of Federal Candidate		Suppor	rt Offi	ce Sought: House District: 00
	HILLARY CLINTON		X Oppose		President Senate State: TN
	Calendar Year-To-Date Per Election for Office Sought		137.70	Disl 201	oursement For: Primary General Other (specify) Other
	(a) SUBTOTAL of Itemized Independent Expenditures			····· >	155.11
	(b) SUBTOTAL of Unitemized Independent Expenditures			····· >	
	(c) TOTAL Independent Expenditures			······ >	
	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized			

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	EMIZED INDEPENDENT EXPEN	DITURES					PAGE 137 FOR LINE 24	OF 192 4 OF FORM 3X
	AME OF COMMITTEE (In Full)	Z FLIND				FEC ID	ENTIFICATIO	N NUMBER ▼
C	CONSERVATIVE MAJORITY	' FUND				C	C00524454	
Эh	neck if 24-hour report 48-hour	r report New repo	ort Am	nends repo	ort filed c	on M /	D D /	Y I Y I Y I Y
	Full Name of Payee INFOCISION MANAGEMENT (CORP				M = M /	Distribution/E	Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR					Amount	16	2015
	City	State	Zip Code			· · · ·		524.70
	AKRON	OH	44333			Transaction ID Date of Disbu		
	Purpose of Expenditure VOTER CONTACT		Category/ Type	004		11 /	20	2015
	Name of Federal Candidate		<u> </u>	Support	Office	Sought:	House D	District: 00
	HILLARY CLINTON			Oppose		President	Senate	State: TX
	Calendar Year-To-Date Per Election for Office Sought		524.70			sement For: Other (sp	Primary	General
	Full Name of Payon			<u> </u>	L			in otion
	Full Name of Payee INFOCISION MANAGEMEN	NT CORP				Date of Public	c Distribution/[Dissemination 2015
	Mailing Address 325 SPRINGSIDE DR	;				Amount		
	City	State	Zip Code					54.31
	AKRON	OH	44333			Transaction ID Date of Disbu	D: SE.15771 ursement or O	
	Purpose of Expenditure VOTER CONTACT		Category/ Type			11 11	20 /	y y y y 2015
	Name of Federal Candidate		· .	Support	Office	Sought:	House [District: 00
	HILLARY CLINTON			Oppose	X	President	Senate	State: UT
	Calendar Year-To-Date Per Election for Office Sought		54.3	1	Disburs 2016	rsement For: Other (sp	Primary	X General
_							,, <u> </u>	_
	(a) SUBTOTAL of Itemized Independent	Expenditures			• •	7	7	579.01
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures				7		
	(c) TOTAL Independent Expenditures				. ▶			
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	SCOTT B MACKENZIE	[Electron	ically Filed]	Date	, ^M 01	M / D D D 20	/ Y Y 2016	Y Y
	Signature		_	Date			حصصا ال	

	MIZED INDEPENDENT EXPENDITURES		PAGE 138 OF 192 FOR LINE 24 OF FORM 3X				
	ME OF COMMITTEE (In Full) ONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454				
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on				
T	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination				
	Mailing Address 325 SPRINGSIDE DR		Amount				
ŀ	City State	Zip Code	14.03				
	AKRON OH	44333	Transaction ID : SE.15772 Date of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / Y Y Y Y Y Y				
ı	Name of Federal Candidate	Support	Office Sought: House District:00				
	HILLARY CLINTON	X Oppose	President Senate State: VT				
	Calendar Year-To-Date Per Election for Office Sought	14.03	Disbursement For: Primary General 2016 Other (specify) ▶				
ľ	Full Name of Payee		Date of Public Distribution/Dissemination				
	INFOCISION MANAGEMENT CORP		11 16 2015				
	Mailing Address 325 SPRINGSIDE DR		Amount				
ŀ	City State	Zip Code	175.04				
	AKRON OH	44333	Transaction ID : SE.15773 Date of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 20 / 2015				
ŀ	Name of Federal Candidate	Support	Office Sought: House District:00				
	HILLARY CLINTON	X Oppose	President Senate State: VA				
	Calendar Year-To-Date Per Election for Office Sought	175.04	Disbursement For: Primary				
(a) SUBTOTAL of Itemized Independent Expenditures		189.07				
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures						
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	SCOTT B MACKENZIE [Electroni	cally Filed] Date	01 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Signature						

TEMIZED INDEPENDENT EXPENDITURES	PAGE 139 OF 192 FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454				
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y				
INFOCISION MANAGEMENT CORP	of Public Distribution/Dissemination				
Mailing Address 325 SPRINGSIDE DR Amou	11 16 2015 unt				
	147.15 action ID : SE.15774				
Purpose of Expanditure	of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate HILLARY CLINTON Support Office Sough Presid	10/0				
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2016	nt For:				
INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR Amou					
Date	41.23 action ID : SE.15775 of Disbursement or Obligation				
Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support HILLARY CLINTON Oppose Presid					
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016	ent For:				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.					
SCOTT B MACKENZIE [Electronically Filed] Date 01	20 2016				

SCOTT B MACKENZIE

Signature

SCHEDULE ITEMIZED IN

MIZED INDEPENDENT EXPENDITURES	;				PAGE 140 FOR LINE	OF 192 24 OF FORM 3X
ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATI	ON NUMBER ▼
ONSERVATIVE MAJORITY FUND				C	C00524454	
eck if 24-hour report 48-hour report	New	report Amends repo		/ M /	D D /	Y II Y II Y
Full Name of Payee INFOCISION MANAGEMENT CORP				of Public	Distribution	/Dissemination 2015
Mailing Address 325 SPRINGSIDE DR			Amor		10	2010
City	State	Zip Code	$-\Gamma$			122.96
AKRON	ОН	44333			: SE.15776 irsement or	Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004] [11	20	2015
Name of Federal Candidate		Support	Office Soug	nt:	House	District: 00
HILLARY CLINTON		X Oppose	X Presid	lent	Senate	State: WI
Calendar Year-To-Date Per Election for Office Sought	7	122.96	Disburseme 2016	nt For: Other (sp	Primary	y X General
Full Name of Payee INFOCISION MANAGEMENT CORE	0			of Public	c Distribution	n/Dissemination 2015
Mailing Address 325 SPRINGSIDE DR			Amo	unt		
City	State	Zip Code	— Г.			12.15
AKRON	ОН	44333			D: SE.15777 ursement or	Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		M M M M M	20	2015
Name of Federal Candidate		Support	Office Soug	ht:	House	District: 00
HILLARY CLINTON		X Oppose	X Presid		Senate	State: WY
Calendar Year-To-Date Per Election for Office Sought	,	12.15	Disburseme	nt For: Other (sp	Primar	y X General
a) SUBTOTAL of Itemized Independent Expenditur	es					135.11
,						
b) SUBTOTAL of Unitemized Independent Expendi	tures		• [
c) TOTAL Independent Expenditures			•	-	1 1 4	
Under penalty of perjury I certify that the independent of it is a candidation of the independent of the ind						

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Date

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SCHEDULE E (FEC Form 3X)

	EMIZED INDEPENDENT EXPENDITURES	}				PAGE 141	OF 192 4 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC I		N NUMBER ▼
(CONSERVATIVE MAJORITY FUND						NY NOMBERT V
					C	C00524454	
Cł	neck if 24-hour report 48-hour report	New rep	port Amends rep	ort filed or	n M = M	/ D D /	Y
	Full Name of Payee INFOCISION MANAGEMENT CORP			Г		ic Distribution/	
	Mailing Address				11	16	2015
	325 SPRINGSIDE DR			A	Amount		
	City	State	Zip Code				14.37
	AKRON	ОН	44333			D: SE.15778 ursement or C	bligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 11	20	2015
	Name of Federal Candidate		Support	Office S	ought:	House	District: 00
	HILLARY CLINTON		X Oppose	X Pi	resident	Senate	State: DC
	Calendar Year-To-Date				ement For:	Primary	X General
	Per Election for Office Sought		14.37	2016	Other (s	pecify) ►	
Full Name of Payee				[Date of Publ	ic Distribution/	Dissemination
	INFOCISION MANAGEMENT COR	۲			M = M	16	2015
	Mailing Address 325 SPRINGSIDE DR			A	Amount		
	City	State	Zip Code				19.70
	AKRON	ОН	44333			D: SE.15779 oursement or C	Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11	20 /	2015
	Name of Federal Candidate		Support	Office S	Sought:	House	District:00
	HILLARY CLINTON		Oppose	XP	resident	Senate	State:DE
	Calendar Year-To-Date		19.70	Disburse 2016	ement For:	Primary	X General
	Per Election for Office Sought	7	13.70	2010	Other (s	pecify) -	
	(a) SUBTOTAL of Itemized Independent Expenditure	roo		. г			24.07
	(a) SUBTUTAL of itemized independent expenditur	es		•		7	34.07
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures						
_							
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	SCOTT B MACKENZIE	[Electron	nically Filed]	_е 01	/ 20	/ Y Y Y 2010	Y TY
	Cianatura		Date	e oi	20	2010	

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CHEDULE E (FEC Form 3X)				
MIZED INDEPENDENT EXPENDITURES	PAGE	142	OF	192
	FOR L	NE 24	OF FO	RM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND						
		C C00524454				
Check if 24-hour report 48-hour report New report	Amends report f	filed on M M / D D / Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination				
		11 16 2015				
Mailing Address 325 SPRINGSIDE DR		Amount				
City State Zi	p Code	127.74				
AKRON OH 44	4333	Transaction ID : SE.15780 Date of Disbursement or Obligation				
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support C	Office Sought: House District: 00				
HILLARY CLINTON		President Senate State: AL				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 016				
		Other (specify) -				
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination 11 16 2015				
Mailing Address 325 SPRINGSIDE DR		Amount				
	ip Code	18.57				
AKRON OH 4	4333	Transaction ID : SE.15781 Date of Disbursement or Obligation				
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 03 7 2015				
Name of Federal Candidate	Support C	Office Sought: House District: 00				
HILLARY CLINTON	X Oppose	President Senate State: AK				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General 2016 ☐ Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures)	146.31				
(b) SUBTOTAL of Unitemized Independent Expenditures)					
(c) TOTAL Independent Expenditures)					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
SCOTT B MACKENZIE [Electronical	lly Filed] Date	01 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature						

TEMIZE	D INDEPENDENT EXPENDITURES	3			PAGE 143 OF 192 FOR LINE 24 OF FORM 3X		
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
CONS	SERVATIVE MAJORITY FUND				C C00524454		
Check if	24-hour report 48-hour report	New repo	port Amends repo		M = M / D = D / Y = Y = Y		
Full N	lame of Payee OCISION MANAGEMENT CORP			_	of Public Distribution/Dissemination		
Mailin	g Address 325 SPRINGSIDE DR			Amou	11 16 2015 unt		
City		State	Zip Code		168.82		
AKRO	N	ОН	44333		action ID : SE.15782 of Disbursement or Obligation		
	se of Expenditure ER CONTACT		Category/ Type 004		12 03 2015		
Name	e of Federal Candidate		Support	Office Sough	ht: House District: 00		
HILLA	ARY CLINTON		X Oppose	X Presid			
	Calendar Year-To-Date Per Election for Office Sought	7 7	305.01	Disbursemer 2016	nt For: Primary General Other (specify) ▶		
	lame of Payee FOCISION MANAGEMENT COR	.P			of Public Distribution/Dissemination 11		
Mailin	ng Address 325 SPRINGSIDE DR			Amou	unt		
City		State	Zip Code		77.42		
AKRO		ОН	44333		action ID : SE.15783 of Disbursement or Obligation		
	ose of Expenditure ER CONTACT		Category/ Type 004	$\Box \mid \Box$	12 / 03 / 2015		
Name	e of Federal Candidate		Support	Office Sough	ht: House District: 00		
HILLA	ARY CLINTON		Oppose	X Presid	dent Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought	7	139.87	Disbursemer 2016	nt For:		
(a) SU	BTOTAL of Itemized Independent Expenditu	ıres		· -	246.24		
(b) SU	(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TO	TAL Independent Expenditures			· ·			
with, or	penalty of perjury I certify that the independ r at the request or suggestion of, any candid committee) any political party committee or its	date or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed]	_ M_M /	20 / 2016		
Sign	nature		Date	, 01	2010		

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 144 OF 192
N	AME OF COMMITTEE (In Full)		FOR LINE 24 OF FORM 3X
	CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼
			C C00524454
С	heck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR		11 16 2015 Amount
	City State	Zip Code	987.75
	AKRON OH	44333	Transaction ID : SE.15784 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	X Oppose	President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	1784.56	Disbursement For: Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP		11 16 2015
	Mailing Address 325 SPRINGSIDE DR		Amount
	City State	Zip Code	135.08
	AKRON OH	44333	Transaction ID : SE.15785 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 03 7 2015
	Name of Federal Candidate	Support	Office Sought: House District:00
	HILLARY CLINTON	X Oppose	President Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought	244.06	Disbursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		. ▶ 1122.83
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE [Electron	nically Filed]	01 20 2016

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NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

			OF 192
		FOR LINE	24 OF FORM 3X
	FEC II	_	ON NUMBER ▼
	C	C00524454	
I N	1 M	/ D D /	Y
on		L.	
			/Dissemination
Th.	11	16	2015
Amou	ınt		
-	-		
Transa	etion II	D : SE.15786	96.53
		ursement or	Obligation
ľ	12	03	2015
Sough	nt:	House	District:00
Presid		Senate	State: CT
rsemer	nt For:	Primary	
	Other (s		y Goneral
		pecify) ▶	n/Dissemination
Date	of Publ	pecify) ▶	n/Dissemination
Date	of Publ	pecify) ▶	n/Dissemination
Date	of Publ	pecify) ▶	n/Dissemination
Date	of Publ	pecify) ic Distribution 16	n/Dissemination
Date Amou	of Publ	pecify) \(\bigsim_{\text{opecify}} \)	n/Dissemination 2015 24.41
Amou	of Publ 11 11 unt action I	pecify) ic Distribution / 16 D: SE.15787 ursement or	n/Dissemination Y 2015 24.41 Obligation
Amou	of Publ 11 11 unt action I	pecify) \(\) ic Distribution / 16 D: SE.15787 ursement or	n/Dissemination 2015 24.41
Amou Transa Date	of Publ 11 11 unt action II of Disb	pecify) ic Distribution / 16 D: SE.15787 ursement or	n/Dissemination Y 2015 24.41 Obligation
Amou Transa Date	of Publ 11 11 unt action II of Disb	D: SE.15787 ursement or	n/Dissemination Y Y Y Y Y Y Y 2015 24.41 Obligation Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Amou Transa Date Sough	of Publ 11 action II of Disb 12 ht: [D: SE.15787 ursement or House	District: 00 State: DE
Amou Transa Date Sough	of Publ 11 11 unt action II of Disb 12 ht: [lent [nt For:	D: SE.15787 ursement or House Senate	District: 00 State: DE
Amou Transa Date Sough Presidursemen	of Publ 11 11 unt action II of Disb 12 ht: [lent [nt For:	D: SE.15787 ursement or House Senate Primar	District: 00 State: DE
Amou Transa Date Sough Presid	of Publ 11 11 unt action II of Disb 12 ht: [lent [nt For:	D: SE.15787 ursement or House Senate Primar	District: 00 State: DE
Amou Transa Date Sough Presid	of Publ 11 11 unt action II of Disb 12 ht: [lent [nt For:	D: SE.15787 ursement or House Senate Primar	District: 00 State: DE y General
Amou Transa Date Sough	of Publ 11 11 unt action II of Disb 12 ht: [lent [nt For:	D: SE.15787 ursement or House Senate Primar	District: 00 State: DE y General
Amou Transa Date Sough Presid	of Publ 11 11 unt action II of Disb 12 ht: [lent [nt For:	D: SE.15787 Ursement or House Senate Primar pecify)	District: 00 State: DE y General

CONSERVATIVE MAJORITY FUND Check if 24-hour report 48-hour report New report Amends report file Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR City State Zip Code ОН **AKRON** 44333 Purpose of Expenditure Category/ **VOTER CONTACT** 004 Type Name of Federal Candidate Support Offic HILLARY CLINTON Oppose Disk Calendar Year-To-Date 201 174.40 Per Election for Office Sought Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR Zip Code City State **AKRON** ОН 44333 Purpose of Expenditure Category/ **VOTER CONTACT** 004 Type Name of Federal Candidate Support Offi HILLARY CLINTON Oppose Dis Calendar Year-To-Date 44.11 201 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature

CHEDULE E (FEC Form 3	•			
EMIZED INDEPENDENT EXPEN	DITURES			PAGE 146 OF 192 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)	/ =		FEC	DENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY	/ FUND		С	C00524454
heck if 24-hour report 48-hour	report New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT	CORP		Date of Pu	blic Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			11	16 2015
323 SPRINGSIDE DR			Amount	
City	State	Zip Code		523.52
AKRON	ОН	44333		ID: SE.15788 sbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	12 ^M 12	03 2015
Name of Federal Candidate		Support	Office Sought:	House District: 00
HILLARY CLINTON		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	945.86	Disbursement For 2016 Other	r: Primary
Full Name of Payee INFOCISION MANAGEMEN Mailing Address 325 SPRINGSIDE DR			Date of Pu	ublic Distribution/Dissemination / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		254.59
AKRON	ОН	44333		n ID : SE.15789 sbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	12	03 2015
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY CLINTON		X Oppose	President	Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		459.98	Disbursement For 2016 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures			778.11
(b) SUBTOTAL of Unitemized Independ	ent Expenditures			
(-)				7 7 7
(c) TOTAL Independent Expenditures			•	775
Under penalty of perjury I certify that the with, or at the request or suggestion of,		•		

party committee) any political party committee or its agent.

SCOTT B MACKENZIE	[Electronically Filed]	Date	01	20	2016
Signature					

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	CHEDULE E (FEC Form 3X)		
Ti	EMIZED INDEPENDENT EXPENDITURES		PAGE 147 OF 192 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
C	CONSERVATIVE MAJORITY FUND		C C00524454
- Cł	heck if 24-hour report 48-hour report New report	port Amends repor	rt filed on
_	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR		11
	City State AKRON OH	Zip Code 44333	37.19 Transaction ID : SE.15790 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	Oppose	President Senate State: HI
	Calendar Year-To-Date Per Election for Office Sought	67.20	Disbursement For: Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP		11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR		Amount
	City State	Zip Code	40.21
	AKRON OH	44333	Transaction ID : SE.15791 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement of Obligation
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	72.65	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		77.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		>
	(c) TOTAL Independent Expenditures		>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE		M M / D D / V V V

[Electronically Filed]

01

Date

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NAME OF COMMITTEE **CONSERVATIV**

Signature

SCOTT B MACKENZIE

Check if

SCHEDULE E (ITEMIZED INDEPEN

Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR Amon State Zip Code OH 44333 Trans: Date Purpose of Expenditure VOTER CONTACT Vame of Federal Candidate HILLARY CLINTON Calendar Year-To-Date Per Election for Office Sought Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR Date Amon Amon Amon Category/ Type O04 Trans: Date Office Soug Presid Disburseme 2016 Total Trans: Date Office Soug Presid Total Trans: Date Office Soug Amon Office Soug New report Management is possible on the payee INFOCISION MANAGEMENT CORP Mailing Address State Zip Code Amon Office Soug Amon Office Soug Disburseme 2016 Office Soug Amon Office Soug Support Disburseme 2016 Office Soug Date Office Soug Date	339.59 action ID : SE.15792 of Disbursement or Obligation 12
Amends report Amends report Amends report Inled on Amends report filled on Inled Inl	of Public Distribution/Dissemination 11
NFOCISION MANAGEMENT CORP Italiling Address 325 SPRINGSIDE DR Amount ity State Zip Code KRON OH 44333 Transing Date Unity State Zip Code Category/ Type 004 Italiling Address Support Italiling Address Support Category/ Type 004 Italiling Address Support Calendar Year-To-Date Per Election for Office Sought Italiling Address Support	action ID: SE.15792 of Disbursement or Obligation M
ity State Zip Code KRON OH 44333 Trans: Date Unpose of Expenditure OTER CONTACT Type OTER CONTACT Category/ Type OO4 ILLARY CLINTON Calendar Year-To-Date Per Election for Office Sought Ull Name of Payee INFOCISION MANAGEMENT CORP Ity Ity State Zip Code Amo Amo Amo Amo Amo Amo Amo Am	action ID : SE.15792 of Disbursement or Obligation M
Transicurpose of Expenditure OTER CONTACT ame of Federal Candidate ILLLARY CLINTON Calendar Year-To-Date Per Election for Office Sought UII Name of Payee INFOCISION MANAGEMENT CORP Amount of Payee Institute of Payee I	of Disbursement or Obligation 12
Turpose of Expenditure /OTER CONTACT Category/ Type OU4 Image of Federal Candidate Support Office Soug Calendar Year-To-Date Per Election for Office Sought Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR Category/ Type OU4 Category/ Type OU5 OU5 OU5 OU5 Category/ Type OU6 OU5 OU5 OU5 OU5 OU5 OU5 OU5	nt:
Calendar Year-To-Date Per Election for Office Sought Cull Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR Support Onlice Sought Disburseme 2016 Date Amo State State State Support Onlice Sought Area Disburseme 2016 Amo State Date Amo	lent Senate State: IL nt For: Primary X General Other (specify) ▶ of Public Distribution/Dissemination
Per Election for Office Sought Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR Amo Sity State Zip Code	Other (specify) ▶ of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR Sity State Zip Code	M - M / D - D / Y - Y - Y
State Zip Code	
_ <u></u>	
	170.97 action ID: SE.15793 of Disbursement or Obligation
Ourness of Expanditure	12 03 2015
Name of Federal Candidate Support Office Soug	ht: House District: 00
HILLARY CLINTON Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2016	nt For: Primary X General Other (specify) ▶
) SUBTOTAL of Itemized Independent Expenditures	510.56
SUBTOTAL of Unitemized Independent Expenditures	
TOTAL Independent Expenditures	

[Electronically Filed]

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Date

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S	CHEDULE E (FEC Form 3	BX)				
TI	EMIZED INDEPENDENT EXPEN	DITURES			PAGE 14 FOR LINE	9 OF 192 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICAT	TION NUMBER ▼
(CONSERVATIVE MAJORITY	/ FUND			C C00524454	
Cł	neck if 24-hour report 48-hou	r report New re	port Amends repo		/ D D D	/ Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT	CORP			of Public Distributio	n/Dissemination
	Mailing Address			L	11 16	2015
	325 SPRINGSIDE DR			Amou	unt	
	City	State	Zip Code			81.25
	AKRON	ОН	44333		of Disbursement or	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 / 03	2015
	Name of Federal Candidate		Support	Office Sough	ht: House	District: 00
	HILLARY CLINTON		X Oppose	X Presid		State: IA
	Calendar Year-To-Date Per Election for Office Sought		146.80	Disbursemer 2016	nt For: Prima Other (specify) ▶	ry X General
	Full Name of Payee INFOCISION MANAGEMEI	T CORP			of Public Distribution	
					M	2015
	Mailing Address 325 SPRINGSIDE DR			Amou	unt	
	City	State	Zip Code	— I.		74.63
	AKRON	ОН	44333		action ID : SE.1579 of Disbursement or	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 / 03	2015
	Name of Federal Candidate		Support	Office Sough	ht: House	District: 00
	HILLARY CLINTON		Oppose	X Presid		State: KS
	Calendar Year-To-Date Per Election for Office Sought		134.84	Disbursemer 2016	nt For: Prima Other (specify) ▶	ry X General
					(1 7/	
	(a) SUBTOTAL of Itemized Independen	Expenditures		>	7 7	155.88
	(b) SUBTOTAL of Unitemized Independ	ent Expenditures				
	(a) TOTAL Independent Expanditures					
	(c) TOTAL Independent Expenditures			· - -	7 7	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorize				

SCOTT B MACKENZIE	[Electronically Filed]	Date	01 M	/	20	/	2016
Signature							

TE	EMIZED INDEPENDENT EXPENDITURES						PAGE 150 FOR LINE 2	OF 192 4 OF FORM 3X
	ME OF COMMITTEE (In Full)					FEC I	DENTIFICATION	N NUMBER ▼
C	CONSERVATIVE MAJORITY FUND					C	C00524454	
Ch	eck if 24-hour report 48-hour report	New repo	ort A	mends repo	ort filed	l on	/ D D /	Y Y Y Y Y Y
	Full Name of Payee					Date of Publ	ic Distribution/	Dissemination
	INFOCISION MANAGEMENT CORP					M M M	/ D T D /	2015
	Mailing Address 325 SPRINGSIDE DR					Amount		
	City	State	Zip Code			· · · ·		116.37
	AKRON	ОН	44333			Transaction I	D: SE.15796 oursement or O	
	Purpose of Expenditure VOTER CONTACT		Category			M M M 12	03	2015
	Name of Federal Candidate			Support	Office	e Sought:	House I	District: 00
	HILLARY CLINTON		X	Oppose	X		Senate	State: KY
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	210.	25	Disbu 2016		Primary	X General
	Full Name of Payee				'	Date of Pub	lic Distribution/	Dissemination
	INFOCISION MANAGEMENT CORP					M M M	16	2015
	Mailing Address 325 SPRINGSIDE DR					Amount		
	City	State	Zip Code					120.13
	AKRON	OH	44333			Transaction I	D: SE.15797 oursement or C	
	Purpose of Expenditure VOTER CONTACT		Category Type			M 12	03	2015
	Name of Federal Candidate			Support	Office	e Sought:	House	District: 00
	HILLARY CLINTON		X	Oppose	X	President	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		217.	05	Disbi 2016		Primary	X General
		7 7				Other (s	specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures	3			·· •		1 1 4	236.50
	(b) SUBTOTAL of Unitemized Independent Expenditu	res			·· •		1 1 7	
	(c) TOTAL Independent Expenditures				▶		1 1 7	
	Under penalty of perjury I certify that the independen	it expenditures	reported h	nerein were	not ma	ade in coopera	ation, consultat	ion, or concert
	with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized						
	SCOTT B MACKENZIE	[Flectron	ically Filed]	_	M	M / D I) / Y Y	
	Signature	LEWINON	- -	Date		01 20	2016	,

	EMIZED INDEPENDENT EXPENDITURES				PAGE 151 OF 192 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND				FEC IDENTIFICATION NUMBER ▼
_	ONSERVATIVE WASORTT TO THE				C C00524454
_ Ch₁	neck if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed or	n M = M / D = D / Y = Y = Y
7	Full Name of Payee INFOCISION MANAGEMENT CORP				Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR				Amount
	City	State	Zip Code		36.80
	AKRON	ОН	44333		ransaction ID : SE.15798 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 / 03 / 2015
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	HILLARY CLINTON		X Oppose		President Senate State: ME
	Calendar Year-To-Date Per Election for Office Sought	7 7	66.49	Disburse 2016	ement For:
	Full Name of Payee INFOCISION MANAGEMENT CORP	-		[Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR				11 16 2015
	323 אראווישאויב עד			/	Amount
	City	State	Zip Code		155.76
	AKRON	ОН	44333		ransaction ID : SE.15799 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	$\Box oxed{oxed}$	12 / 03 / 2015
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	HILLARY CLINTON		Oppose	-	President Senate State: MD
	Calendar Year-To-Date Per Election for Office Sought	7	281.42	Disburs 2016	ement For: Primary General Other (specify) ▶
_					
	(a) SUBTOTAL of Itemized Independent Expenditure	∋ S		·· •	192.56
	(b) SUBTOTAL of Unitemized Independent Expenditu	tures			
					4 4
_	(c) TOTAL Independent Expenditures			·· •	7 7 7
١	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed]		20 2016
	Signature		Date	, 01	20 200

TEI	MIZED INDEPENDENT EXPENDITURES						PAGE 152 FOR LINE 24	OF 192 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE MAJORITY FUND					FEC I	DENTIFICATIO C00524454	N NUMBER ▼
 Che	eck if 24-hour report 48-hour report	New repo	ort A	mends repo	ort filed	M = M	/ D D /	Y = Y = Y = Y
T	Full Name of Payee INFOCISION MANAGEMENT CORP					Date of Publ	lic Distribution/D	Pissemination
-	Mailing Address 325 SPRINGSIDE DR					11 Amount	16	2015
-	Cit.	Ctoto	Zin Codo			Amount		180.12
- 1	City AKRON	State OH	Zip Code 44333		1		D: SE.15800 oursement or Ob	
	Purpose of Expenditure VOTER CONTACT		Category			12	03	2015
l	Name of Federal Candidate			Support	Office	Sought:	House D	istrict:00
	HILLARY CLINTON		X	Oppose	X	President	Senate	State: MA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	325.	43	Disbur 2016	rsement For: Other (s	Primary pecify) ▶	X General
	Full Name of Payee INFOCISION MANAGEMENT CORP					Date of Pub	lic Distribution/E	Dissemination 2015
	Mailing Address 325 SPRINGSIDE DR					Amount		
ľ	City AKRON	State OH	Zip Code 44333		-		D: SE.15801 oursement or Ol	263.45
	Purpose of Expenditure VOTER CONTACT		Category Typ			12	03	2015
	Name of Federal Candidate			Support	Office	Sought:	House D	District: 00
	HILLARY CLINTON		X	Oppose	X	President	Senate	State: MI
	Calendar Year-To-Date Per Election for Office Sought	, , ,	475	99	Disbui 2016	rsement For: Other (s	Primary specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures	3			·· ▶			443.57
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			·· •			
(c) TOTAL Independent Expenditures				▶			
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized						
	SCOTT B MACKENZIE	[Electron	ically Filed]	Date	M 01	M / D D	2016	
	Signature		_	Dale	نا '			

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 153 OF 192
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼
_	ONGERVATIVE WAGORITT TOND		C C00524454
Cł	neck if 24-hour report 48-hour report New report	ort Amends repor	t filed on
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR		11
	City State 2	Zip Code	141.36
	I *	44333	Transaction ID : SE.15802 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 03 2015
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	X Oppose	President Senate State: MN
	Calendar Year-To-Date Per Election for Office Sought	255.40	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee	·	Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP		11 16 2015
	Mailing Address 325 SPRINGSIDE DR		Amount
	City State	Zip Code	77.44
	AKRON OH	44333	Transaction ID : SE.15803 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	HILLARY CLINTON	X Oppose	President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	139.92	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		218.80
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE		M M / D D / Y Y Y

[Electronically Filed]

2016

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TEMIZED INDEPENDENT EXPENDITURE	S			GE 154 OF 192 R LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND)			TIFICATION NUMBER ▼
Check if 24-hour report 48-hour report	New rep	port Amends repo		- D / Y - Y - Y - Y
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Dis	stribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Amount	
City AKRON	State OH	Zip Code 44333	Transaction ID : SI Date of Disbursen	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate HILLARY CLINTON		Support Oppose	President S	louse District: 00 Henate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	288.75	Disbursement For: 2016 Other (specify	Primary
Full Name of Payee INFOCISION MANAGEMENT COR Mailing Address 325 SPRINGSIDE DR				stribution/Dissemination
City AKRON	State OH	Zip Code 44333	Transaction ID : Solution Date of Disburser	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		03 / 2015
Name of Federal Candidate HILLARY CLINTON		Support Oppose		House District: 00 Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7	48.71	Disbursement For: 2016 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures		>	186.78
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	idate or authorize			
SCOTT B MACKENZIE	[Electro	nically Filed]	M M / D D /	2016

TEM	IIZED INDEPENDENT EXPENDITURES					PAGE 155 FOR LINE 24	OF 192 I OF FORM 3X
	E OF COMMITTEE (In Full) NSERVATIVE MAJORITY FUND			ENTIFICATIO C00524454	N NUMBER ▼		
Check	k if 24-hour report 48-hour report	New repo	port Amends repo		Л М /		Y Y Y
Fi	iull Name of Payee INFOCISION MANAGEMENT CORP				of Public	Distribution/D	Dissemination 2015
M	Mailing Address 325 SPRINGSIDE DR			Amou	ınt		
	Sity JKRON	State OH	Zip Code 44333			: SE.15806 rsement or Ol	48.05
	Purpose of Expenditure /OTER CONTACT		Category/ Type 004		12	03	2015
	lame of Federal Candidate		Support Oppose	Office Sough	ent	Senate	District: 00 State: NV
	Calendar Year-To-Date Per Election for Office Sought		105.80	Disbursemer 2016	nt For: Other (spe	Primary ecify) ▶	X General
 	INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR				11 /	b Distribution/I	2015
	City AKRON	State OH	Zip Code 44333			: SE.15807 Irsement or O	71.58 bligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12	03	2015
	Name of Federal Candidate		Support Oppose	Office Sough		House D	District:00
	Calendar Year-To-Date Per Election for Office Sought		177.38	Disbursemer 2016		Primary ecify) •	General
(a)	SUBTOTAL of Itemized Independent Expenditures	š		· [7		119.63
(b)) SUBTOTAL of Unitemized Independent Expenditur	res		•	1 7		
(c)	TOTAL Independent Expenditures			· [-
witl	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	e or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed]	M M /	20	/ Y Y Y 2016	Y

TEMIZED INDEPENDENT EXPENDITURES		PAGE 156 OF 192 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼
		C C00524454
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP	Date	of Public Distribution/Dissemination
		11 16 / 2015
Mailing Address 325 SPRINGSIDE DR	Amou	unt
City State Zip Code		36.08
AKRON OH 44333		action ID : SE.15808 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Categor Typ	ry/ 004	M 12
Name of Federal Candidate	Support Office Sough	ht: House District: 00
HILLARY CLINTON	Oppose Presid	dent Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 65	Disbursemer 2016	nt For:
Full Name of Payee	<u> </u>	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	_	11 16 2015
Mailing Address 325 SPRINGSIDE DR	Amor	unt
City State Zip Code	e	235.58
AKRON OH 44333	Trans	action ID : SE.15809 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Categor Typ		12 / 03 / 2015
Name of Federal Candidate	Support Office Soug	ht: House District: 00
HILLARY CLINTON	Oppose Presid	dent Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	Disburseme 2016	ont For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	271.66
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 1 7 1 7
(c) TOTAL Independent Expenditures	· [7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		•
SCOTT B MACKENZIE [Electronically Filed	d] Date 01	20 2016
Signature	Date	20 2010

1 -	EMIZED INDEPENDENT EXPENDITURES		FOR LINE	24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATI	ION NUMBER ▼
С	CONSERVATIVE MAJORITY FUND	C C00524454		
Ch	neck if 24-hour report 48-hour report New report	oort Amends repor	t filed on M M / D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution	Y Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR		11 16 Amount	2015
	City State	Zip Code		54.32
	AKRON OH	44333	Transaction ID : SE.15810 Date of Disbursement or	
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 03	2015
	Name of Federal Candidate	Support	Office Sought: House	District: 00
	HILLARY CLINTON	X Oppose	President Senate	State: NM
	Calendar Year-To-Date Per Election for Office Sought	98.14	Disbursement For: Primary 2016 Other (specify) ▶	y General
	Full Name of Payee		Date of Public Distribution	n/Dissemination
	INFOCISION MANAGEMENT CORP		11 / 16 /	2015
	Mailing Address 325 SPRINGSIDE DR		Amount	
	City State	Zip Code		527.55
	AKRON OH	44333	Transaction ID : SE.15811 Date of Disbursement or	
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 03	2015
	Name of Federal Candidate	Support	Office Sought: House	District:00
	HILLARY CLINTON	Oppose	President Senate	State: NY
	Calendar Year-To-Date Per Election for Office Sought	953.14	Disbursement For: Primar 2016 Other (specify) ▶	y X General
	(a) SUBTOTAL of Itemized Independent Expenditures		•	581.87
	(b) SUBTOTAL of Unitemized Independent Expenditures			
,	(b) SUBTOTAL OF OTHER HIZER THREE PRINCIPLE EXPONENTIAL OF OTHER HIZER THREE PRINCIPLE OTHER THREE PRINCIPLE OF OTHER HIZER THREE PRINCIPLE OF OTHER HIZER THREE PRINCIPLE OF OTHER HIZER THREE PRINCIPLE OF OTHER THREE		•	
	(c) TOTAL Independent Expenditures		·	
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•	·
	SCOTT B MACKENZIE [Electroni	nically Filed] Date	01 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	16
	Signature	_ Date		

TE	MIZED INDEPENDENT EXPENI	DITURES			PAGE 158 OF 192 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)	ELIND			FEC IDENTIFICATION NUMBER ▼
C	ONSERVATIVE MAJORITY	FUND			C C00524454
Che	eck if 24-hour report 48-hour	report New report	ort Amends repo	ort filed	on Mam / Dad / Yayayay
Т	Full Name of Payee INFOCISION MANAGEMENT (CORP			Date of Public Distribution/Dissemination
					11 16 2015
	Mailing Address 325 SPRINGSIDE DR				Amount
ı	City	State	Zip Code		256.10
	AKRON	ОН	44333		Transaction ID : SE.15812 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	HILLARY CLINTON		X Oppose	X	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		462.71	Disbu 2016	ursement For: Primary X General Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMEN	IT CORP			Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR				Amount
ŀ	City	State	Zip Code		18.52
	AKRON	ОН	44333		Transaction ID : SE.15813 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 03 7 2015
ľ	Name of Federal Candidate		Support	Offic	e Sought: House District: 00
	HILLARY CLINTON		Oppose	X	President Senate State: ND
	Calendar Year-To-Date Per Election for Office Sought		33.46	Disbi 2016	ursement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent	Expenditures		▶	274.62
((b) SUBTOTAL of Unitemized Independent	ent Expenditures		▶	
((c) TOTAL Independent Expenditures			··· •	
٧		any candidate or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
	SCOTT B MACKENZIE	[Electron	ically Filed]	M	11 20 2016
	Signature	12.2000	Date		20 2010

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITUI	RES				PAGE 159	OF 192
N	AME OF COMMITTEE (In Full)				FEC.II		OF FORM 3X
	CONSERVATIVE MAJORITY FUI	٧D				DENTIFICATIO	N NUMBER V
					C	C00524454	
С	heck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M	/ D D /	Y
	Full Name of Payee INFOCISION MANAGEMENT CORF)		Da	te of Publi	ic Distribution/D	Dissemination 2015
	Mailing Address 325 SPRINGSIDE DR			Am	nount	10	2010
	City	State	Zip Code	— r			307.64
	AKRON	ОН	44333			D: SE.15814 ursement or Ob	oligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		M M 12	03	2015
	Name of Federal Candidate		Support	Office Sou	ught:	House D	District: 00
	HILLARY CLINTON		X Oppose	X Pres	sident	Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought		555.83	Disbursen 2016	nent For:	Primary pecify) ▶	X General
	Full Name of Payee			Da		ic Distribution/E	Dissemination
	INFOCISION MANAGEMENT CO	ORP			M = M 11	/ 16 /	2015
	Mailing Address 325 SPRINGSIDE DR			An	nount		
	City	State	Zip Code	— F			99.24
	AKRON	ОН	44333	I		D: SE.15815 ursement or Ol	bligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12	03	2015
	Name of Federal Candidate		Support	Office So	ught:	House D	District: 00
	HILLARY CLINTON		Oppose		sident	Senate	State: OK
	Calendar Year-To-Date Per Election for Office Sought		179.30	Disbursen 2016	nent For:	Primary	X General
					1 (-)		
	(a) SUBTOTAL of Itemized Independent Expen	ditures		•			406.88
	(b) SUBTOTAL of Unitemized Independent Exp	enditures		. •			
	(c) TOTAL Independent Expenditures			•		7	
	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	indidate or authorized	reported herein were d committee or agent of	not made i	n coopera (if the rep	tion, consultation, conting entity is	on, or concert not a political
	SCOTT B MACKENZIE			ММ	/ D D	/	V V

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	HEDULE E (FEC Form 3X)				
IIEI	MIZED INDEPENDENT EXPENDITURES			FOR LINE	OF 192 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		F	EC IDENTIFICATI	ON NUMBER ▼
C	ONSERVATIVE MAJORITY FUND		[C C00524454	
Che	ck if 24-hour report 48-hour report New	v report Amends repo	ort filed on	M / D D /	Y
Т	Full Name of Payee		Date of	Public Distribution	/Dissemination
	INFOCISION MANAGEMENT CORP		M 1	1 16 /	2015
	Mailing Address 325 SPRINGSIDE DR		Amount		
ŀ	City State	Zip Code	— F.		104.55
1	AKRON OH	44333		tion ID : SE.15816 Disbursement or	Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	M 1	2 03	2015
ı	Name of Federal Candidate	Support	Office Sought:	House	District:00
1	HILLARY CLINTON	Oppose	X Presiden	nt Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought	188.89	Disbursement 2016	For: Primary	/ X General
ŀ	Full Name of Payee			Public Distribution	n/Dissemination
1	INFOCISION MANAGEMENT CORP			11 16	2015
-	Mailing Address 325 SPRINGSIDE DR		Amount	اندا اد	2015
ŀ	City State	Zip Code			346.91
	AKRON OH	44333		tion ID : SE.15817 Disbursement or	Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	М	12 03	2015
ŀ	Name of Federal Candidate	Support	Office Sought:	House	District:00
1	HILLARY CLINTON	X Oppose	X Presider	nt Senate	State: PA
	Calendar Year-To-Date Per Election for Office Sought	626.78	Disbursement 2016 Oth	For: Primar	y X General
(6	a) SUBTOTAL of Itemized Independent Expenditures			7	451.46
(I	b) SUBTOTAL of Unitemized Independent Expenditures		·· •	7	
(0	c) TOTAL Independent Expenditures		·· •	7 7	
W	Inder penalty of perjury I certify that the independent expendifith, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
	SCOTT B MACKENZIE		M M /	D D / Y Y	Y

[Electronically Filed]

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	MEDULE E (FEC FORM 3X) MIZED INDEPENDENT EXPENDITURES		PAGE 161 OF 192
			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
_	ONSERVATIVE MAJORITY FUND		C C00524454
Che	eck if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee INFOCISION MANAGEMENT CORP		of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR	Amou	11 16 2015 unt
1	City State Zip Co		28.91
	AKRON OH 4433:		action ID : SE.15818 of Disbursement or Obligation
Ì	Purpose of Expenditure VOTER CONTACT Cate	egory/ Type 004	M 12
ŀ	Name of Federal Candidate	Support Office Sough	ht: House District: 00
	HILLARY CLINTON	X Oppose X Presid	
l	Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2016	
ŀ	Full Name of Payee		of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP	_	M M / D D / Y Y Y Y
Ì	Mailing Address 325 SPRINGSIDE DR	L	11 16 2015
Ì	323 SEKTINGSIDE DIX	Amou	unt
1	City State Zip C	Code	125.07
	AKRON OH 4433	-	action ID : SE.15819 of Disbursement or Obligation
Ì	Purpose of Expenditure VOTER CONTACT Cate		12 / 03 / 2015
ŀ	Name of Federal Candidate	Support Office Sough	ht: House District: 00
	HILLARY CLINTON	X Oppose X Presid	
Ì	Calendar Year-To-Date Per Election for Office Sought	Disbursemer 225.97 2016	ent For: Primary X General
┙	Tot Liestion for Omos Seag		Other (specify) -
((a) SUBTOTAL of Itemized Independent Expenditures	······································	153.98
((b) SUBTOTAL of Unitemized Independent Expenditures		
((c) TOTAL Independent Expenditures	·	
٧	Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.		
	SCOTT B MACKENZIE [Electronically F	Filed] Date 01	20 2016

2016

TE	EMIZED INDEPENDENT EXPENDITURE	is			PAGE 162 OF 192 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
C	CONSERVATIVE MAJORITY FUND	J			C C00524454
Ch	heck if 24-hour report 48-hour report	New repo	ort Amends re	eport filed or	n M M / D D / Y Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CORP			Г	Date of Public Distribution/Dissemination
	Mailing Address				11 16 2015
	325 SPRINGSIDE DR			A	Amount
	City	State	Zip Code		21.58
	AKRON	ОН	44333		ransaction ID : SE.15820 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 00)4	12 / 03 / 2015
	Name of Federal Candidate		Support	Office S	Sought: House District:00
	HILLARY CLINTON		X Oppose	XP	President Senate State: SD
	Calendar Year-To-Date Per Election for Office Sought		38.99	Disburse 2016	ement For: Primary X General Other (specify) ▶
	Full Name of Payee	_		1	Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT COF	₹P			11 16 2015
	Mailing Address 325 SPRINGSIDE DR				Amount
	City	State	Zip Code	1	170.69 ransaction ID : SE.15821
	AKRON	ОН	44333		Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 00)4	12 / 03 / 2015
	Name of Federal Candidate		Support	Office S	Sought: House District:00
	HILLARY CLINTON		X Oppose	XP	President Senate State: TN
	Calendar Year-To-Date Per Election for Office Sought		308.39	Disburs 2016	ement For: Primary
_					
	(a) SUBTOTAL of Itemized Independent Expendit	ures			192.27
	(b) SUBTOTAL of Unitemized Independent Expen	nditures		····· •	
	(c) TOTAL Independent Expenditures			····· • [
	Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	didate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed]	ate 01	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

TE	EMIZED INDEPENDENT EXPENDITU	JRES			PAGE 163 OF 192 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)	INID			FEC IDENTIFICATION NUMBER ▼
C	CONSERVATIVE MAJORITY FU	טאנ			C C00524454
Ch	heck if 24-hour report 48-hour report	ort New repo	ort Amends repo		M = M / D = D / Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT COR	₹P			of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR			L	11 16 2015
	0_0 0.1			Amou	unt
	City		Zip Code	\neg L.	650.40
	AKRON	ОН	44333		action ID: SE.15822 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 03 2015
	Name of Federal Candidate		Support	Office Sough	ht: House District:00
	HILLARY CLINTON		Oppose	X Presid	
	Calendar Year-To-Date Per Election for Office Sought		1175.10	Disbursemer 2016	
	Full Name of Payee				of Public Distribution/Dissemination
	INFOCISION MANAGEMENT C	CORP			M = M / D = D / Y = Y = Y
	Mailing Address			— L	11 16 2015
	325 SPRINGSIDE DR			Amou	unt
	City	State	Zip Code	$- \Gamma $	67.32
	AKRON	ОН	44333		action ID : SE.15823 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	$\exists \mid \llbracket$	12 / 03 / 2015
	Name of Federal Candidate		Support	Office Sough	ht: House District:00
	HILLARY CLINTON		Oppose	X Presid	dent Senate State: UT
	Calendar Year-To-Date Per Election for Office Sought		121.63	Disbursemer 2016	nt For:
					Julier (Specify) F
	(a) SUBTOTAL of Itemized Independent Expe	enditures		· •	717.72
	(b) SUBTOTAL of Unitemized Independent Ex	xpenditures		· •	7 1 7 1 7
	(c) TOTAL Independent Expenditures			· •	7
	Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 01 /	20 2016
	Signatura				

	EMIZED INDEPENDENT EXPENDITURES	<u>.</u>			PAGE 164 OF 192
	ביינים וועבר ביינים				FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
C	CONSERVATIVE MAJORITY FUND				C C00524454
Ch	heck if 24-hour report 48-hour report	New rep	port Amends repo		/ = M / D = D / Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT CORP				of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR			Amou	11 16 2015 unt
	City	State	Zip Code		17.39
	AKRON	OH	44333		action ID : SE.15824 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 03 7 2015
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	HILLARY CLINTON		Oppose	X Presid	
	Calendar Year-To-Date Per Election for Office Sought		31.42	Disbursemer 2016	nt For:
	Full Name of Payee INFOCISION MANAGEMENT CORF Mailing Address 325 SPRINGSIDE DR)		[of Public Distribution/Dissemination
	1			Amou	unt
	City AKRON	State OH	Zip Code 44333		216.98 action ID : SE.15825
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		of Disbursement or Obligation 12 03 2015
	Name of Federal Candidate				ht: House District: 00
	HILLARY CLINTON		Support Oppose	Office Sough	Tiodac District.
	Calendar Year-To-Date Per Election for Office Sought	7	392.02	Disburseme	
	(a) SUBTOTAL of Itemized Independent Expenditure	es		•	234.37
	(b) SUBTOTAL of Unitemized Independent Expendit	tures		· •	171171171
	(c) TOTAL Independent Expenditures			•	7 7 7
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	M M /	20 / 2016

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 165 OF 192 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND				FEC IDENTIFICATION NUMBER ▼
C	ONSERVATIVE WAJORIT FUND				C C00524454
Οh	neck if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y
7	Full Name of Payee INFOCISION MANAGEMENT CORP				Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR				Amount
	City	State	Zip Code		182.40
	AKRON	OH	44333		Transaction ID : SE.15826 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 03 / 2015
	Name of Federal Candidate		Support	Office	Sought: House District:00
	HILLARY CLINTON		Oppose		President Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought		329.55	Disbur 2016	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP)			Date of Public Distribution/Dissemination
	Mailing Address				11 16 / 2015
	325 SPRINGSIDE DR				Amount
	City	State	Zip Code		51.11
	AKRON	ОН	44333		Transaction ID : SE.15827 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 03 2015
	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	HILLARY CLINTON		Oppose		President Senate State: WV
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	92.34	Disbur 2016	rsement For: Primary X General Other (specify) ▶
_					
	(a) SUBTOTAL of Itemized Independent Expenditures	s		··· •	233.51
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures		···· >	
	C. Tarrell I. I. Joseph Francischer				
	(c) TOTAL Independent Expenditures			··· •	
١	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	ite or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed]	to 01	1 20 2016
	Signature		Dat	e O	20 2010

S П

SCOTT B MACKENZIE

Signature

	CHEDULE E (FEC Form :			
ΓE	EMIZED INDEPENDENT EXPEN	IDITURES		PAGE 166 OF 192 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
	CONSERVATIVE MAJORIT	Y FUND		
				C C00524454
Ch	neck if 24-hour report 48-hou	r report New report	ort Amends repo	ort filed on
	Full Name of Payee INFOCISION MANAGEMENT	CORP		Date of Public Distribution/Dissemination
	Mailing Address			11 16 2015
	325 SPRINGSIDE DE	(Amount
	City	State	Zip Code	152.42
	AKRON	ОН	44333	Transaction ID : SE.15828 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	12 03 / Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sought: House District:00
	HILLARY CLINTON		X Oppose	President Senate State: WI
	Calendar Year-To-Date Per Election for Office Sought		275.38	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee			Date of Public Distribution/Dissemination
	INFOCISION MANAGEME	NT CORP		11 16 2015
	Mailing Address 325 SPRINGSIDE DF	₹		Amount
	City	State	Zip Code	15.06
	AKRON	ОН	44333	Transaction ID : SE.15829 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	12 03 7 2015
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY CLINTON		X Oppose	President Senate State: WY
	Calendar Year-To-Date Per Election for Office Sought		27.21	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independen	t Expenditures		▶ 167.48
	(b) SUBTOTAL of Unitemized Independ	lent Expenditures		· •
	(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
		any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

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TEMIZED INDEPENDENT EXPENDITURES	;			PAGE 167 OF 192 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND				EC IDENTIFICATION NUMBER ▼ C C00524454
Check if 24-hour report 48-hour report	New rep	port Amends repo	M	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of	Public Distribution/Dissemination
			M 1	
Mailing Address 325 SPRINGSIDE DR			Amount	
City	State	Zip Code		17.82
AKRON	ОН	44333		ion ID : SE.15830 Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	12	
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY CLINTON		Oppose	X Presiden	t Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	7 7	32.19	Disbursement I 2016 Other	For: Primary X General er (specify) ▶
INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR City State 2		Zip Code	Amount	1 16 2015
AKRON	ОН	44333		ion ID: SE.15831 Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M	
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY CLINTON		X Oppose	X Presiden	senate State: AL
Calendar Year-To-Date Per Election for Office Sought	7	248.81	Disbursement 2016 Oth	For: Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			35.83
(b) SUBTOTAL of Unitemized Independent Expendit	tures		·· •	7
(c) TOTAL Independent Expenditures			· []	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize			
SCOTT B MACKENZIE	[Electro	nically Filed]	o1 /	20 / 2016

192 PAGE 168 OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 Amends report filed on Check if 24-hour report 48-hour report New report Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2015 16 11 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 2.62 City ОН **AKRON** 44333 Transaction ID: SE.15832 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT** 004 12 21 2015 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY CLINTON ΑK Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 36.17 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 11 16 2015 Mailing Address 325 SPRINGSIDE DR Amount 23.80 City State Zip Code **AKRON** ОН 44333 Transaction ID : SE.15833 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT** 004 21 12 2015 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY CLINTON ΑZ Oppose | Yresident State: Senate X General Disbursement For: Primary Calendar Year-To-Date 328.81 2016 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 26.42 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature

TE	EMIZED INDEPENDENT EXPENDITURES						PAGE 169 FOR LINE 2		192 RM 3X
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATIO	N NUMB	ER ▼
C	CONSERVATIVE MAJORITY FUND					С	C00524454		
Ch	eck if 24-hour report 48-hour report	New repo	ort Am	ends repo	rt filed on	M = M	/ D = D /	Y = Y = Y	Y
	Full Name of Payee INFOCISION MANAGEMENT CORP				Da	M M	ic Distribution/I	Y	Y
	Mailing Address 325 SPRINGSIDE DR				An	11 nount	16	2015	
	City Sta	-t-	Zin Codo		— г			10.	02
	City Sta AKRON OI		Zip Code 44333				D: SE.15834 ursement or O		92
	Purpose of Expenditure VOTER CONTACT		Category/ Type	004		M M 12	21	2015	
	Name of Federal Candidate		S	Support	Office So	ught:	House [District:	00
	HILLARY CLINTON		X	Oppose	X Pre	sident	Senate	State:	AR
	Calendar Year-To-Date Per Election for Office Sought		150.79		Disburser 2016	nent For: Other (s	Primary pecify) ▶	X Ge	eneral
	Full Name of Payee				Da	te of Publ	ic Distribution/	Dissemina	tion
	INFOCISION MANAGEMENT CORP					M = M	/ D D /	2015	
	Mailing Address 325 SPRINGSIDE DR				Ar	nount			
	City Sta	ate	Zip Code		— г			139.	25
)H	44333				D: SE.15835 ursement or C		لــــــــــــــــــــــــــــــــــــــ
	Purpose of Expenditure VOTER CONTACT		Category/ Type	004		12	21	201	
	Name of Federal Candidate			Support	Office So	ught:	House	District:	00
	HILLARY CLINTON		$\overline{\mathbf{X}}$	Oppose	X Pre	sident	Senate	State:	CA
	Calendar Year-To-Date Per Election for Office Sought	,	1923.81	i	Disburser 2016	1	Primary pecify) ▶	X Ge	eneral
						,	, ,,		
	(a) SUBTOTAL of Itemized Independent Expenditures				. •		7	150.17	
	(b) SUBTOTAL of Unitemized Independent Expenditures						1 1 2		
	(c) TOTAL Independent Expenditures				•		1 1 7		
	Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized							
	SCOTT B MACKENZIE	[Electron	ically Filed]		M M	/ 0 0	/ Y Y Y 2016		
	Signature	LECTION	_	Date	01	20	2016	,	

	CHEDULE E (FEC Form 3X)	IDEO					
	EMIZED INDEPENDENT EXPENDITU	JHES				PAGE 170 FOR LINE 24	OF 192 4 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC II	DENTIFICATIO	N NUMBER ▼
(CONSERVATIVE MAJORITY FU	JND			С	C00524454	
С	heck if 24-hour report 48-hour repo	ort New rep	port Amends repo	ort filed on	1 = M	/ D D /	Y
	Full Name of Payee INFOCISION MANAGEMENT COR			Date	of Publi	c Distribution/[Dissemination
	INFOCISION MANAGEMENT COR	(P 			M M M	16	2015
	Mailing Address 325 SPRINGSIDE DR			Amou	ınt		
	City	State	Zip Code				19.05
	AKRON	ОН	44333			D: SE.15836 ursement or O	bligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12	/ 21	2015
	Name of Federal Candidate		Support	Office Sough	nt:	House [District: 00
	HILLARY CLINTON		X Oppose	X Presid	ent	Senate	State: CO
	Calendar Year-To-Date Per Election for Office Sought		263.11	Disbursemer 2016		Primary Decify) ▶	X General
	Full Name of Payee					ic Distribution/[Dissemination
	INFOCISION MANAGEMENT C	ORP			M = M	/ D D /	Y Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR			Amou	11 unt	16	2015
	City	State	Zip Code				13.61
	AKRON	OH	44333			D: SE.15837 ursement or O	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12	21	2015
	Name of Federal Candidate		Support	Office Soug	ht:	House [District: 00
	HILLARY CLINTON		Oppose	X Presid	lent	Senate	State: CT
	Calendar Year-To-Date Per Election for Office Sought		188.01	Disbursement 2016		Primary pecify) ▶	X General
	(a) SUBTOTAL of Itemized Independent Expe	enditures			7e. (e)		32.66
						7	
	(b) SUBTOTAL of Unitemized Independent E	xpenditures		·· •			
	(c) TOTAL Independent Expenditures			• [
	Under penalty of perjury I certify that the ind- with, or at the request or suggestion of, any of party committee) any political party committee	candidate or authorize					
	SCOTT B MACKENZIE			M M /	D D	/ Y Y	Y

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TEMIZED INDEPENDENT EXPENDITURES		PAGE 171 OF 192
		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC	IDENTIFICATION NUMBER ▼
	C	C00524454
Check if 24-hour report 48-hour report New report	Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Put	olic Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR	Amount	10 2010
City State Zip Co	ode	3.44
AKRON OH 44333		ID: SE.15838 bursement or Obligation
Purpose of Expenditure VOTER CONTACT Category	gory/ Type 004 12	21 / 2015
Name of Federal Candidate	Support Office Sought:	House District: 00
HILLARY CLINTON	X Oppose X President	Senate State: DE
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2016 Other (Primary
Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address are applied to the payon of the p	Date of Pul	blic Distribution/Dissemination
325 SPRINGSIDE DR	Amount	
City State Zip Co AKRON OH 44333	Transaction	73.82 ID : SE.15839
Purpose of Expenditure VOTER CONTACT Cate		sbursement or Obligation 21 2015
Name of Federal Candidate	Support Office Sought:	House District:00
HILLARY CLINTON	Oppose President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2019.68 Other (: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	77.26
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electronically Fi	iled] Date 01 / 20	

S П

SCOTT B MACKENZIE

Signature

SCHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 172 OF 192 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND			C C00524454
			G 600324434
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination
Mailing Address			11 16 2015
325 SPRINGSIDE DR			Amount
City	State	Zip Code	35.90
AKRON	ОН	44333	Transaction ID : SE.15840 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
HILLARY CLINTON		X Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary		
Full Name of Payee			Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORF	11 16 2015		
Mailing Address 325 SPRINGSIDE DR			Amount
City	State	Zip Code	5.24
AKRON	ОН	44333	Transaction ID : SE.15841 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	12 / 21 / 2015
Name of Federal Candidate		Support	Office Sought: House District: 00
HILLARY CLINTON		Oppose	President Senate State: HI
Calendar Year-To-Date			Disbursement For: Primary X General
Per Election for Office Sought	, ,	72.44	2016 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	es		41.14
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized		

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TE	MIZED INDEPENDENT EXPENDITURES				PAGE 173 OF 192 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE MAJORITY FUND				FEC IDENTIFICATION NUMBER ▼
					C C00524454
Che	eck if 24-hour report 48-hour report New re	port	Amends repo	ort filed	on M = M / D = D / Y = Y = Y
T	Full Name of Payee INFOCISION MANAGEMENT CORP				Date of Public Distribution/Dissemination
					11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINGSIDE DR Ar					Amount
Ī	City State	Zip Code	e		5.67
	AKRON OH	44333			Transaction ID : SE.15842 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Catego Ty	ory/ vpe 004		12 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office	Sought: House District: 00
	HILLARY CLINTON		Oppose	X	President Senate State: ID
	Calendar Year-To-Date Per Election for Office Sought	7:	8.32	Disbu 2016	rsement For: Primary X General Other (specify) ▶
ŀ	Full Name of Payee				Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP				11 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR				Amount
ŀ	City State	Zip Cod	e		47.88
	AKRON OH	44333			Transaction ID : SE.15843 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Catego Ty	ory/ vpe 004		12 / 21 / 2015
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	HILLARY CLINTON	>	Oppose	X	President Senate State: IL
	Calendar Year-To-Date Per Election for Office Sought	66	1.43	Disbu 2016	rrsement For: Primary X General Other (specify) ▶
_					
((a) SUBTOTAL of Itemized Independent Expenditures			▶	53.55
((b) SUBTOTAL of Unitemized Independent Expenditures			▶	7 7
((c) TOTAL Independent Expenditures			··· ▶	
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				·
	SCOTT B MACKENZIE [Electro	onically File	d] Dota	M 01	1 20 2016
	Signature	_	u) Date	,	20 2010

	EMIZED INDEPENDENT EXPENDITURES					PAGE 174	OF 192 4 OF FORM 3X
N/	AME OF COMMITTEE (In Full)				EEC I		N NUMBER ▼
	CONSERVATIVE MAJORITY FUND				L.		IN NOWIDER V
					C	C00524454	
Ch	neck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M	/ D D /	Y I Y I Y I Y
	Full Name of Payee INFOCISION MANAGEMENT CORP			Da	te of Publ	lic Distribution/I	Dissemination
	Mailing Address 325 SPRINGSIDE DR				11	16	2015
	020 OF KINOOLDE DIK			Am	ount		
	City	State	Zip Code			· · · · ·	24.11
	AKRON	OH	44333			D: SE.15844 oursement or O	bligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12	21	2015
	Name of Federal Candidate		Support	Office Sou	ıght:	House [District: 00
	HILLARY CLINTON		Oppose		sident	Senate	State: IN
	Calendar Year-To-Date			Disbursen	L	Primary	X General
	Per Election for Office Sought		333.01	2016		specify) ►	
	Full Name of Payee			Da	te of Pub	lic Distribution/	Dissemination
	INFOCISION MANAGEMENT CORF)			M M M	/ D D /	2015
	Mailing Address 325 SPRINGSIDE DR				- 11	10	2015
	323 SPRINGSIDE DIX			An	nount		
	City	State	Zip Code				11.46
	AKRON	ОН	44333			ID: SE.15845 oursement or C	bligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12	21	2015
	Name of Federal Candidate		Support	Office Sor	ught:	House	District: 00
	HILLARY CLINTON		Oppose	X Pre	- 1	Senate	State: IA
	Calendar Year-To-Date			Disbursen	l l	Primary	General General
	Per Election for Office Sought		158.26	2016	1	specify)	
	(a) SUBTOTAL of Itemized Independent Expenditure	∋ S		·· •			35.57
	(b) SUBTOTAL of Unitemized Independent Expendit	tures		.		1 1 4	
	(c) TOTAL Independent Expenditures			·· •		7	
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•				·
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	_ M_M	/ 20	2016	Y
	Cignotura			, ,	20		

TEMIZED INDEPENDENT EXPENDITURES		PAGE 175 OF 192 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼
		C C00524454
Check if 24-hour report 48-hour report New report	Amends repor	t filed on
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
		11 / 16 / Y Y Y Y Y
Mailing Address 325 SPRINGSIDE DR	Amount	
	p Code	10.52
	4333	Transaction ID : SE.15846 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
HILLARY CLINTON	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	145.36	Disbursement For: Primary X General 2016 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP		11 16 2015
Mailing Address 325 SPRINGSIDE DR		Amount
City State Zi	ip Code	16.41
	4333	Transaction ID : SE.15847 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 21 7 2015
Name of Federal Candidate	Support	Office Sought: House District: 00
HILLARY CLINTON	X Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	226.66	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		26.93
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures	<u></u>	
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.	•	
SCOTT B MACKENZIE [Electronica	llv Filedl	01 20 2016
Signature	<i>uy Tutuij</i> Date	2010

TE	MIZED INDEPENDENT EXPENDITURES						PAGE 176 FOR LINE 24	OF 192 OF FORM 3X
	ME OF COMMITTEE (In Full) ONSERVATIVE MAJORITY FUND					FEC I	DENTIFICATIO C00524454	N NUMBER ▼
Che	eck if 24-hour report 48-hour report	New repo	ort A	mends repo	ort filed	M = M	/	Y = Y = Y = Y
Т	Full Name of Payee INFOCISION MANAGEMENT CORP					Date of Publ	ic Distribution/D	Dissemination
-	Mailing Address 325 SPRINGSIDE DR					11	16	2015
						Amount		
	City Stat AKRON OH		Zip Code 44333		1		D: SE.15848 oursement or Ob	16.94 oligation
	Purpose of Expenditure VOTER CONTACT		Category Type			12	21	2015
Ī	Name of Federal Candidate			Support	Office	Sought:	House D	District: 00
	HILLARY CLINTON		X	Oppose	X	President	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		233.9	99	Disbur 2016	rsement For: Other (s	Primary pecify) ▶	X General
	Full Name of Payee INFOCISION MANAGEMENT CORP					Date of Pub	lic Distribution/E	Dissemination 2015
	Mailing Address 325 SPRINGSIDE DR					Amount		
	City Stat AKRON OF		Zip Code 44333		-		D : SE.15849 oursement or Ol	5.19 bligation
	Purpose of Expenditure VOTER CONTACT		Category Type			12	21	2015
ľ	Name of Federal Candidate			Support	Office	Sought:	House D	District: 00
	HILLARY CLINTON		X	Oppose	X	President	Senate	State: ME
	Calendar Year-To-Date Per Election for Office Sought		71.	68	Disbui 2016	rsement For: Other (s	Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures				. •	7		22.13
((b) SUBTOTAL of Unitemized Independent Expenditures				. •			
((c) TOTAL Independent Expenditures				. •			
٧	Under penalty of perjury I certify that the independent exvith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized						
	SCOTT B MACKENZIE	[Electroni	ically Filed]	Date	M 01	M / D D D	2016	Y = Y
	Signature		_	Date		غا ل	تنصا ا	

S IT

SCOTT B MACKENZIE

Signature

CHEDULE E (FEC Form 3				
EMIZED INDEPENDENT EXPEN	DITURES			PAGE 177 OF 192 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)			FFC	IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY	FUND		C	C00524454
heck if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT	CORP		Date of Pu	blic Distribution/Dissemination
Molling Address			11	16 2015
Mailing Address 325 SPRINGSIDE DR			Amount	
City	State	Zip Code		21.96
AKRON	ОН	44333		ID: SE.15850 sbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	12	21 2015
Name of Federal Candidate		Support	Office Sought:	House District: 00
HILLARY CLINTON		X Oppose	President	Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		303.38	Disbursement For 2016 Other	: Primary X General
Full Name of Payee INFOCISION MANAGEMEN	T CORP		Date of Pu	blic Distribution/Dissemination
Mailing Address			11	16 2015
325 SPRINGSIDE DR			Amount	
City	State	Zip Code		25.40
AKRON	ОН	44333		n ID: SE.15851 sbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	12	21 2015
Name of Federal Candidate		Support	Office Sought:	House District: 00
HILLARY CLINTON		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		350.83	Disbursement For 2016 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		.	47.36
(b) SUBTOTAL of Unitermized Independent	ent Expenditures			
·				7 7
(c) TOTAL Independent Expenditures			•	4 1 4 1 4
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized			

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		D. 05 470 05 400
	EMIZED INDEPENDENT EXPENDITURES		PAGE 178 OF 192 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
C	CONSERVATIVE MAJORITY FUND		C C00524454
Cł	neck if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination 11 16 2015
	Mailing Address 325 SPRINGSIDE DR		Amount
	City State	Zip Code	37.15
	AKRON OH	44333	Transaction ID : SE.15852 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	X Oppose	President Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	513.14	Disbursement For: Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP		11 16 2015
	Mailing Address 325 SPRINGSIDE DR		Amount
	City State	Zip Code	19.93
	AKRON OH	44333	Transaction ID : SE.15853 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 / 21 / 2015
	Name of Federal Candidate	Support	Office Sought: House District:00
	HILLARY CLINTON	Oppose	President Senate State: MN
	Calendar Year-To-Date Per Election for Office Sought	275.33	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		57.08
	(b) SUBTOTAL of Unitemized Independent Expenditures		· · · · · · · · · · · · · · · · · · ·
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE		M M / D D / Y Y Y

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	EMIZED INDEPENDENT EXPENDITORES			FOR LINE 24 OF FORM 3X		
	AME OF COMMITTEE (In Full)		F	EC IDENTIFICATION NUMBER ▼		
C	CONSERVATIVE MAJORITY FUND		C C00524454			
Ch	neck if 24-hour report 48-hour report New report	oort Amends repor	rt filed on	M / D D / Y T Y T Y		
	Full Name of Payee INFOCISION MANAGEMENT CORP		M			
	Mailing Address 325 SPRINGSIDE DR		Amount			
	City State	Zip Code		10.92		
	AKRON OH	44333		ion ID : SE.15854 Disbursement or Obligation		
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12	M / D D / Y Y Y		
	Name of Federal Candidate	Support	Office Sought:	House District: 00		
	HILLARY CLINTON	X Oppose	X President	t Senate State: MS		
	Calendar Year-To-Date Per Election for Office Sought	150.84	Disbursement F 2016 Othe	For: Primary X General er (specify) ▶		
	Full Name of Payee		Date of	Public Distribution/Dissemination		
	INFOCISION MANAGEMENT CORP		1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 325 SPRINGSIDE DR		Amount			
	City State	Zip Code		22.54		
	AKRON OH	44333		Fransaction ID : SE.15855 Date of Disbursement or Obligation		
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004		2 21 2015		
	Name of Federal Candidate	Support	Office Sought:	House District:00		
	HILLARY CLINTON	Oppose	X President	state: MO		
	Calendar Year-To-Date Per Election for Office Sought	311.29	Disbursement F 2016 Other	For: Primary		
		,				
	(a) SUBTOTAL of Itemized Independent Expenditures		>	33.46		
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(b) SUBTOTAL OF OTHER HIZZON HOSPOTHORIC EXPONENTIAL OF OTHER HIZZON		•	4		
	(c) TOTAL Independent Expenditures		· -	7 1 7 1 7		
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•				
	SCOTT B MACKENZIE [Electroni	nically Filed] Date	04	20 2016		
	Signature	_ Date				

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES	0						
'	EMIZED INDEPENDENT EXPENDITURES	5				PAGE 180 FOR LINE 24	OF 192 4 OF FORM 3X	
	AME OF COMMITTEE (In Full)				FEC II	DENTIFICATIO	N NUMBER ▼	
(CONSERVATIVE MAJORITY FUND)			С	C00524454		
С	heck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	и в м	/ D D /	Y Y Y Y Y	
	Full Name of Payee INFOCISION MANAGEMENT CORP			Date	of Publi	c Distribution/E	Dissemination	
	INFOCISION MANAGEMENT CORP				11	16	2015	
	Mailing Address 325 SPRINGSIDE DR			Amo	unt			
	City	State	Zip Code				3.80	
	AKRON	ОН	44333			D: SE.15856 ursement or Ol		
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		M M M	/ 21	2015	
	Name of Federal Candidate		Support	Office Soug	ht:	House [District: 00	
	HILLARY CLINTON		X Oppose	X Presid	lent	Senate	State: MT	
	Calendar Year-To-Date Per Election for Office Sought	7	52.51	Disburseme 2016		Primary Decify)	X General	
	Full Name of Payee				Date of Public Distribution/Dissemination			
	INFOCISION MANAGEMENT CORP				M = M	/ D D /	Y Y Y Y Y	
	Mailing Address 325 SPRINGSIDE DR			Amo	11 unt	16	2015	
	City	State	Zin Codo				6.78	
	City AKRON	OH	Zip Code 44333			D: SE.15857 ursement or O		
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004] [12	21	2015	
	Name of Federal Candidate		Support	Office Soug	ht:	House [District: 00	
	HILLARY CLINTON		Oppose	X Presid	dent	Senate	State: NE	
	Calendar Year-To-Date Per Election for Office Sought	7	45.54	Disburseme		Primary pecify) ▶	X General	
	(c) CURTOTAL of Hamiltonian Indiana Indiana Indiana				J. 1. (c)		40.50	
	(a) SUBTOTAL of Itemized Independent Expenditu	ires		•		7	10.58	
	(b) SUBTOTAL of Unitemized Independent Expend	ditures		·· •				
	(c) TOTAL Independent Expenditures			•		-7-		
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorize						
	SCOTT B MACKENZIE			M M /	D D	/ * * * *	Y	

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TE	EMIZED INDEPENDENT EXPENDITURES						PAGE 181 FOR LINE 2	OF 192 4 OF FORM 3X
	AME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND					FEC ID	ENTIFICATION	ON NUMBER ▼
C	ONSERVATIVE MAJORITY FUND					C	000524454	
Ch	neck if 24-hour report 48-hour report	New repo	ort Amend	ls repoi	t filed or	n/	D D /	Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT CORP]	Date of Public	Distribution/	Dissemination 2015
	Mailing Address 325 SPRINGSIDE DR				-	Amount	10	2010
	City Sta	ite	Zip Code					10.09
	AKRON OF	1	44333			ansaction ID Date of Disbu		Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type	004		12	21	2015
	Name of Federal Candidate		Supp	oort	Office S	Sought:	House	District: 00
	HILLARY CLINTON		X Oppo	ose	X	resident	Senate	State: NV
	Calendar Year-To-Date Per Election for Office Sought		187.47		Disburs 2016	ement For: Other (spe	Primary ecify) ►	X General
	Full Name of Payee					Date of Public	Distribution	Dissemination
	INFOCISION MANAGEMENT CORP					11 /	16	2015
	Mailing Address 325 SPRINGSIDE DR				,	Amount		
	City	ate	Zip Code					5.09
	AKRON OI	Н	44333		I .	ransaction ID Date of Disbu		Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type	004		12	21	2015
	Name of Federal Candidate		Supp	port	Office S	Sought:	House	District: 00
	HILLARY CLINTON		X Opp	ose	X	President	Senate	State: NH
	Calendar Year-To-Date Per Election for Office Sought		70.28		Disburs 2016	ement For: Other (sp	Primary ecify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				<u> </u>			15.18
						7	7	
	(b) SUBTOTAL of Unitemized Independent Expenditures.				•		7	
	(c) TOTAL Independent Expenditures				•	7	1 7	
	Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized						
	SCOTT B MACKENZIE	[Electroni	ically Filed]	Det	M = N	/ 20	/ 201	Y Y 6
	Signature			Date	01	20	201	

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SCOTT B MACKENZIE

Signature

SCHEDULE E (FEC Form 3X)						
TEMIZED INDEPENDENT EXPENDITUR	RES				GE 182	OF 192 4 OF FORM 3X
NAME OF COMMITTEE (In Full)						N NUMBER ▼
CONSERVATIVE MAJORITY FUN	1D					N NOWIDEN V
				C coo)524454	
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M /	D D /	Y Y Y Y Y
Full Name of Payee INFOCISION MANAGEMENT CORP					istribution/[Dissemination
Mailing Address				11"	16	2015
Mailing Address 325 SPRINGSIDE DR			Amou	nt		
City	State	Zip Code				33.22
AKRON	ОН	44333		ction ID : Sof Disburse		bligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M	12 /	21	2015
Name of Federal Candidate		Support	Office Sough	t: I	House [District: 00
HILLARY CLINTON		X Oppose	X Preside	ent :	Senate	State: NJ
Calendar Year-To-Date Per Election for Office Sought		458.85	Disbursemen 2016		Primary	X General
Edi Maria of Bridge				ther (specif		
Full Name of Payee INFOCISION MANAGEMENT CO	ORP					Dissemination
Mailing Address				11	16	2015
325 SPRINGSIDE DR			Amou	nt		
City	State	Zip Code				7.66
AKRON	OH	44333		ction ID : S of Disburse		bligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12	21 /	2015
Name of Federal Candidate		Support	Office Sough	nt:	House [District: 00
HILLARY CLINTON		X Oppose	X Preside		Senate	State: NM
Calendar Year-To-Date Per Election for Office Sought		105.80	Disbursemen 2016		Primary	X General
	, , , ,		C	ther (speci	fy) >	
(a) SUBTOTAL of Itemized Independent Expendent	diturae					40.88
(a) SOBTOTAL OF HOMEZOU Mucperhaem Experie	andros			7	7	40.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •		-7-	
, ,						
(c) TOTAL Independent Expenditures			•	-7-	-7-	
Under penalty of perjury I certify that the indep	endent expenditures	reported herein were	not made in o	noneration	COnsultati	on or concert
with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized	•				
party committee, any pontical party committee of	т но аусти.					

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Date

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CHEDULE E (FEC Form 3X)	
EMIZED INDEPENDENT EXPENDITURES	PAGE 183 OF 192
	FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND	C C00524454

CONSERVATIVE MAJORITY FUND				C C00524454
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP				of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Amo	11 16 2015 unt
City AKRON	State OH	Zip Code 44333		74.39 action ID : SE.15862
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate HILLARY CLINTON Calendar Year-To-Date		Support Oppose	Office Soug Presid	dent Senate State: NY
Per Election for Office Sought	, , ,	1027.53	2016	Other (specify)
Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address			Date	of Public Distribution/Dissemination
325 SPRINGSIDE DR			Amo	unt
City AKRON	State OH	Zip Code 44333		36.11 action ID : SE.15864 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 21 2015
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
HILLARY CLINTON Calendar Year-To-Date Per Election for Office Sought		Oppose 498.82	Disburseme	ent For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	S			Other (specify) ►
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		· • [
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
SCOTT B MACKENZIE	[Electron	ically Filed] Date	M M /	20 / 2016
Signature				

'-	LINIZED INDEPENDENT EXPENDITORES		FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
С	ONSERVATIVE MAJORITY FUND		C C00524454
			O contract
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
			11 16 / 2015
	Mailing Address 325 SPRINGSIDE DR		Amount
Ì	City State	Zip Code	2.61
	AKRON OH	44333	Transaction ID : SE.15865 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate	Support	Office Sought: House District: 00
Ì	HILLARY CLINTON	X Oppose	President Senate State: ND
	Calendar Year-To-Date Per Election for Office Sought	36.07	Disbursement For: Primary Seneral 2016
			U Other (specify) ▶
Ì	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
Ì	Mailing Address		11 16 2015
Ì	325 SPRINGSIDE DR		Amount
	City State	Zip Code	43.38
Ì	AKRON OH	44333	Transaction ID : SE.15866 Date of Disbursement or Obligation
Ì	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 21 2015
	Name of Federal Candidate		Office Sought: House District: 00
ĺ	HILLARY CLINTON	Support Oppose	Office Sought: House District: 00 President Senate State: 0H
	Calendar Year-To-Date		Disbursement For: Primary General
	Per Election for Office Sought	599.21	2016 Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures		45.99
((b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		
	5) 10112 maspendent Engendent		7 7
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	SCOTT B MACKENZIE	nically Filed]	01 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	20 2010

TE	EMIZED INDEPENDENT EXPENDITURES						PAGE 185 FOR LINE 24	OF 192 4 OF FORM 3X
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATIO	N NUMBER ▼
C	CONSERVATIVE MAJORITY FUND					C	C00524454	
Ch	eck if 24-hour report 48-hour report	New repo	ort A	mends repo	ort filed	I on/	D D /	Y
	Full Name of Payee					Date of Public	: Distribution/[Dissemination
	INFOCISION MANAGEMENT CORP					M M /	16	2015
	Mailing Address 325 SPRINGSIDE DR					Amount		
	City	State	Zip Code					13.99
	AKRON	ОН	44333			Transaction ID Date of Disbu		
	Purpose of Expenditure VOTER CONTACT		Category			12 /	21	2015
	Name of Federal Candidate			Support	Office	e Sought:	House [District: 00
	HILLARY CLINTON		X	Oppose	X		Senate	State: OK
	Calendar Year-To-Date Per Election for Office Sought	, , ,	193.:	29	Disbu 2016	ursement For: Other (sp	Primary ecify) ▶	X General
	Full Name of Payee					Date of Public	Distribution/[Dissemination
	INFOCISION MANAGEMENT CORP					M = M /	16	2015
	Mailing Address 325 SPRINGSIDE DR					Amount		
	City AKRON	State OH	Zip Code 44333			Transaction ID		14.74
	Purpose of Expenditure		0-1	,	_	Date of Disbu		
	VOTER CONTACT		Category Type			12	21	2015
	Name of Federal Candidate			Support	Offic	e Sought:	House [District: 00
	HILLARY CLINTON		X	Oppose	X	President	Senate	State: OR
	Calendar Year-To-Date		203.	63	Disb	ursement For:	Primary	X General
	Per Election for Office Sought	7 7	200.			Other (sp	ecify) 🕨	
	(a) SUBTOTAL of Itemized Independent Expenditures	S			▶	7		28.73
	(b) SUBTOTAL of Unitemized Independent Expenditu	res			·· •			
	(c) TOTAL Independent Expenditures							
							7	
	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized						
	SCOTT B MACKENZIE	[Flectron	ically Filed]	_	M	M / D D	/ Y Y 2016	
	Signature	LERCHON		Date		01 20	2016	'

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 186 OF 192
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND			C	C00524454
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Publi	ic Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Amount	10 2010
City	State	Zip Code		48.92
AKRON	OH	44333	Transaction II	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disb	/ 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
HILLARY CLINTON		Support Oppose	President	Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	675.70	Disbursement For: 2016 Other (sp	Primary ⊠ General
Full Name of Payee INFOCISION MANAGEMENT CORI Mailing Address 325 SPRINGSIDE DR	Р		11	ic Distribution/Dissemination
			Amount	
City AKRON	State OH	Zip Code 44333	Transaction II	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disb	ursement or Obligation / 21
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY CLINTON		Oppose	President	Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	56.31	Disbursement For: 2016 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	res		•	53.00
(b) SUBTOTAL of Unitemized Independent Expendi	itures		•	
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	late or authorized	•	•	
SCOTT B MACKENZIE	[Electron	nically Filed] Date	01 / 20	2016

Signature

	EMIZED INDEPENDENT EXPENDITURES				PAGE	187 OF	192
						LINE 24 OF FO	
	AME OF COMMITTEE (In Full)				FEC IDENTIF	ICATION NUME	3ER ▼
C	CONSERVATIVE MAJORITY FUND				C C00524	1454	
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repor		M / D	D / Y = Y =	Y Y
	Full Name of Payee INFOCISION MANAGEMENT CORP				I = M / D =		Y Y
	Mailing Address 325 SPRINGSIDE DR			Amou	11 1 nt	6 201	5
	Ch.	- 4 ₁₀	7'- 0-40			17	7.64
	City Sta AKRON OF		Zip Code 44333		ction ID : SE.1		7.64
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 / 2	D / Y Y	
	Name of Federal Candidate		Support	Office Sough	ıt: Hou	se District:	00
	HILLARY CLINTON		X Oppose	X Preside			SC
	Calendar Year-To-Date Per Election for Office Sought			Disbursement 2016	t For: P		General
	Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR				/ M / D	bution/Dissemin	YY
	323 SPRINGSIDE DR			Amou	ınt		
	l '		Zip Code	Trans	ction ID : SE.		3.04
)H	44333			nt or Obligation	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 / 2	1 20	15 Y
	Name of Federal Candidate		Support	Office Sough	nt: Hou	use District: _	00
	HILLARY CLINTON		∑ Oppose	X Presid			SD
	Calendar Year-To-Date Per Election for Office Sought		42.03	Disbursemer 2016 C	nt For: Forther (specify)		General
_	(a) SUBTOTAL of Itemized Independent Expenditures			.	7	20.6	i8
	(b) SUBTOTAL of Unitemized Independent Expenditures.			•		4-1-2	
	(c) TOTAL Independent Expenditures			.		4	
,	Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	r authorized					
	SCOTT B MACKENZIE	[Electroni	ically Filed] Date	M M /	20 /	2016	

Date

	EMIZED INDEPENDENT EXPENI	DITURES			PAGE 188 OF 192 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)	/ ELINID			FEC IDENTIFICATION NUMBER ▼
C	ONSERVATIVE MAJORITY	FUND			C C00524454
Che	eck if 24-hour report 48-hour	r report New repo	ort Amends re	eport filed	d on
	Full Name of Payee INFOCISION MANAGEMENT (CORP			Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR				11 16 2015 Amount
ŀ	City	State	Zip Code		24.07
Ì	AKRON	OH	44333		Transaction ID : SE.15873 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 00	004	12 / 21 / 2015
Ì	Name of Federal Candidate		Support	t Offic	ee Sought: House District:00
Ì	HILLARY CLINTON		X Oppose		President Senate State: TN
	Calendar Year-To-Date Per Election for Office Sought		332.46		pursement For: Primary X General
ŀ	Full Name of Payee				Date of Public Distribution/Dissemination
	INFOCISION MANAGEMEN	NT CORP			Date of Public Distribution/Dissemination 11 16 2015
	Mailing Address 325 SPRINGSIDE DR				Amount
1	City	State	Zip Code		91.71
ĺ	AKRON	OH	44333		Transaction ID : SE.15874 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 00	04	12 / 21 / 2015
Ì	Name of Federal Candidate		Support	t Offic	ce Sought: House District: 00
Ì	HILLARY CLINTON		X Oppose	e X	President Senate State: TX
	Calendar Year-To-Date Per Election for Office Sought		1266.81	Disb 2016	oursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent	Expenditures		······ >	115.78
((b) SUBTOTAL of Unitemized Independent	ent Expenditures		····· >	
	(c) TOTAL Independent Expenditures			······ >	
١		any candidate or authorized			nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
	SCOTT B MACKENZIE	[Electron	ically Filed]	Date 0	01 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

SCOTT B MACKENZIE

Signature

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MIZED INDEPENDENT EXPENDIT	URES		PAGE 189 OF 192 FOR LINE 24 OF FORM
ME OF COMMITTEE (In Full)			
ONSERVATIVE MAJORITY F	UND		FEC IDENTIFICATION NUMBER
			C C00524454
ck if 24-hour report 48-hour rep	ort New	report Amends rep	port filed on
Full Name of Payee INFOCISION MANAGEMENT CO	RP		Date of Public Distribution/Dissemination
Mailing Address			11 16 2015
325 SPRINGSIDE DR			Amount
City	State	Zip Code	9.49
AKRON	ОН	44333	Transaction ID : SE.15875 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	1 12 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
HILLARY CLINTON		X Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		131.12	Disbursement For: Primary General G
Full Name of Payee INFOCISION MANAGEMENT Mailing Address	CORP		Date of Public Distribution/Dissemination
325 SPRINGSIDE DR			Amount
City	State	Zip Code	2.45
AKRON	ОН	44333	Transaction ID : SE.15876 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	12 21 7 2015
Name of Federal Candidate		Support	Office Sought: House District: 00
HILLARY CLINTON		X Oppose	President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought		33.87	Disbursement For: ☐ Primary ☐ Gene 2016 ☐ Other (specify) ▶
) SUBTOTAL of Itemized Independent Exp	penditures		
) SUBTOTAL of Unitemized Independent	Expenditures		
TOTAL Independent Expenditures			···· >
			e not made in cooperation, consultation, or conc

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 190 OF 192 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)		
	CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼
			C C00524454
С	heck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR		11 16 2015 Amount
	City State	Zip Code	30.59
	AKRON OH	44333	Transaction ID : SE.15877 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	HILLARY CLINTON	X Oppose	President Senate State: VA
	Calendar Year-To-Date Per Election for Office Sought	422.61	Disbursement For: Primary General 2016 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP		11 16 2015
	Mailing Address 325 SPRINGSIDE DR		Amount
	City State	Zip Code	25.72
	AKRON OH	44333	Transaction ID : SE.15878 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	12 / 21 / 2015
	Name of Federal Candidate	Support	Office Sought: House District:00
	HILLARY CLINTON	Oppose	President Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought	355.27	Disbursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		. ▶ 56.31
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE [Electron	nically Filed]	01 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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Date

ΤE	EMIZED INDEPENDENT EXPEND	JÍTURES			PAGE 191 OF 192 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)	TUND			FEC IDENTIFICATION NUMBER ▼
C	ONSERVATIVE MAJORITY	FUND			C C00524454
	eck if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
٦	Full Name of Payee INFOCISION MANAGEMENT C	CORP		D	ate of Public Distribution/Dissemination
	Mailing Address				11 16 2015
	Mailing Address 325 SPRINGSIDE DR			A	mount
Ì	City	State	Zip Code		7.21
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1	Name of Federal Candidate		Support	Office So	ought: House District: 00
	HILLARY CLINTON		Oppose	X Pre	esident Senate State: WV
	Calendar Year-To-Date Per Election for Office Sought		99.55		ement For: Primary X General Other (specify) ▶
Ì	Full Name of Payee			D	Date of Public Distribution/Dissemination
	INFOCISIÓN MANAGEMEN	T CORP			M M / D D / Y Y Y Y Y Y 1
ĺ	Mailing Address 325 SPRINGSIDE DR			A	mount
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	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		12 / 21 / 2015
Ì	Name of Federal Candidate		Support	Office So	ought: House District: 00
	HILLARY CLINTON		X Oppose	X Pr	resident Senate State: WI
	Calendar Year-To-Date		296.87	Disburse	ement For: Primary X General
	Per Election for Office Sought		250.07	2010	Other (specify) ►
	(a) SUBTOTAL of Itemized Independent	Expenditures			28.70
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		. [
					4 4
	(c) TOTAL Independent Expenditures			·· • [
١	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed]	o 01	20 2016
	Signature		Date	3 01	20 2010

	PAGE 192 FOR LINE	2 OF 192 24 OF FORM 3X
FEC ID	ENTIFICAT	ION NUMBER ▼
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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND Amends report filed on Check if 24-hour report 48-hour report New report Full Name of Payee Date INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR Amo City State Zip Code ОН **AKRON** 44333 Trans Date Purpose of Expenditure Category/ **VOTER CONTACT** 004 Type Name of Federal Candidate Support Office Sour HILLARY CLINTON Oppose Presi Disburseme Calendar Year-To-Date 2016 29.33 Per Election for Office Sought Full Name of Payee Dat INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR Amo City State Zip Code **AKRON** ОН 44333 Trans Dat Purpose of Expenditure Category/ **VOTER CONTACT** 004 Type Name of Federal Candidate Office Sou Support HILLARY CLINTON Oppose X Presi Disbursem Calendar Year-To-Date 34.70 2016 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature